Pre-teen pregnancy in South Africa: (just) the tip of the iceberg

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Introduction

In South Africa in 2020, of the recorded 34 587 births from teen mothers, 688 were nine and 10 years young.[1,2] These girls are called pre-teens. The SA Births and Deaths Registration Amendment Act (Act No. 18 of 2010) stipulates that all births must be registered within 30 days from date of occurrence.[3] The data in 2020, show a slowdown in registrations within the first 30 days for months of April, October and November, coinciding with lockdown measures instituted by the government to stem rising COVID-19 cases.[1]

Statement of the problem

Gender-based violence (GBV) cases saw a surge during the 2020 hard lockdown – constituting our 'second' pandemic as President Ramaphosa noted in 2021.[4] The lockdown meant that everyone was to be in his or her home and community for long periods. Girls' exposure to GBV at home during school closures is a big concern, both locally and globally.[5-7]

Of those 688 registered births, how many more girls that are pregnant had not registered live births? How many pregnancies were miscarried, stillborn, terminated legally or illegally, or live babies dumped or absorbed into a family? The actual number of pregnant pre-teen girls is likely to be higher than the 688 recorded. The tip of the iceberg is an idiomatic expression that means something that is part of a very large problem or a very serious situation.[8]

This article will look at the physiology of puberty, the issue of consent, rape and sexual assault. Who is responsible for impregnating the girls, and where is this happening? An overview of sexual and reproductive health (SRH) rights for pre-teen girls, and potential difficulties accessing those rights. As well as the possible outcomes for girls who get pregnant, and how they can be helped.

Definition of adolescence and puberty

Adolescence is the period of human growth that takes place between puberty and adulthood, which encompasses both physical and psychological development. Persons between the ages of 10–19 years are adolescents.[9] Teenagers are aged from 13 to 19 years.

Puberty refers to the onset of physical and sexual maturation of boys and girls. Nine and 10-year-old girls who get pregnant have entered puberty.

Physiology of puberty in girls

The trigger for onset of puberty in girls is the production of gonadotrophin-releasing hormone (GnRH) from the hypothalamus. GnRH stimulates the pituitary gland to release follicle-stimulating hormone (FSH) and luteinising hormone (LH). These hormones enable the ovaries to begin the developmental processes that will lead to sexual maturity.[10] The ovaries release oestrogen to stimulate ovulation and progesterone to stimulate menarche. Physical and sexual development happens earlier in females than in males. A number of factors influence the onset and progression through the various stages of puberty. In humans, the age of puberty appears, in part, to be related to body weight and body fat rather than to chronologic age. Obese or overweight children may enter puberty at an early age; and undernutrition and low body fat seem to delay the adolescent spurt and to retard the onset of menarche. However, this is not always the case. Other considerations are genetic factors, brain or ovarian abnormalities and environmental issues such as endocrine disrupting chemicals found in some plastics.[11,12]

A female is able to get pregnant when she ovulates for the first time, about 14 days *before* her first menstrual period. On average, ovulation first happens when a girl is between 12 and 13 years old. The early onset of menstruation is called

precocious puberty. This means that a girl can become pregnant from vaginal intercourse before her first period.[13,14]

Age of consent to sexual intercourse in South Africa

The term consent means voluntary or unforced agreement. The law states that no child under the age of 12 years can consent to sex. Any sexual act with a child under the age of 12 years is statutory rape or sexual assault.[15] Children under 12 cannot consent to sex because they do not have the maturity to understand the consequence of their decision.[15]

Rape vs sexual assault

A definition of rape currently (2018) used in our legal system is: "Any person who unlawfully and intentionally commits an act of sexual penetration with a complainant, without the consent of the complainant, is guilty of the offence of rape".[16] Sexual assault definition is when a person who unlawfully and intentionally sexually violates a complainant without the consent of the person.[17] Child Rape and sexual abuse is any sexual act/s, or attempts to commit sexual acts, with a child, with or without the child's consent. Because girls under the age of 12 years cannot legally consent to sexual intercourse, it will always be rape, irrespective of circumstances.[15] This is a crime, and must be reported to the police.[15,16]

Who is raping and impregnating the pre-teen girls?

Boys or men, as age makes no difference if the girl is under 12 years. Pre-teen girls may be victims of sexual predators, rapists, and paedophiles. Paedophilia involves sexual activity with a prepubescent child (generally age 13 years or younger).[18] Boys or men should be charged with statutory rape, but this is very complicated, as 60% of the time the fathers cannot be identified.[19] At present all the attention is on the pregnant girls.

Responsibility for the care and protection of children

According to the Children's Act[20] the concept of care means putting the daily needs of a child first. This duty includes providing a suitable and safe home that safeguards and promotes their health, development and well-being. Essentially, a child must live in a home that is free of abuse and neglect.[20] This responsibility lies with parents, guardians or caregivers, and people in the community.

Sexual and reproductive health rights

The Bill of Rights in Chapter 2 of the Constitution of South Africa includes the right to access health care including reproductive rights for adolescents.[21]

The Adolescent Rights Framework targets persons aged between 10–19 years. Included is the right to access health education, information and healthcare services regarding SRH. It specifies that adolescents' decisions must be free of discrimination, coercion and violence.[22]

The Choice of Termination of Pregnancy Act (CTOP) states that women over the age of 12 may consent to abortion.[23] In the case of a pregnant minor, a medical practitioner or a registered midwife shall advise such minor to consult with her parents, guardian, family members or friends before the pregnancy is terminated. Note: Provided that the termination of the pregnancy shall not be denied because such minor chooses not to consult them.

The SA Children's Act enables youth aged over 12 years to access certain services. These include contraception, abortion, STI management, HIV counselling and testing and condom provision, without parental consent.[20]

Integrated School Health Policy states that learners in secondary schools should receive SRH counselling, and contraceptive services may be provided for learners by an on-site nurse or via referral to a healthcare facility offering the services.[24] This is not applicable to primary school children.

Do nine and 10-year-old girls have the same SRH rights as teenagers? Can they access the services? Not easily. She will need an advocate. This could be a parent/s, family member, guardian, nurse, teacher, social worker, religious, or community leader.[25]

Barriers to accessing health care

Lack of suitably qualified staff at clinics is a primary barrier. Some health care providers (HCPs) deter adolescents from using services because of their judgmental attitudes, disrespect, or lack of consideration of their patients' needs.[25-27] Provider biases are a big concern to adolescents, and presumably more of a problem for pre-teen girls.

Many HCPs are concerned about potential contradictions in the law, specifically the Sexual Offenses Act that stated that children might only freely consent to sex at 16 years. The need to report underage sexual activity has been extensively criticised, and although the act has been amended,[28] some HCPs do not know, or feel uncomfortable with these changes.[26,29]

The potential lack of confidentiality has been reported by some girls and young women, who feel restricted because of fear of peers, family members, or teachers finding out that they are sexually active, which may result in violence, stigma or shame.[27,29]

Poor information regarding sexual and reproductive health in the school curriculum may lead to misconceptions, misinformation and myths.[27] The inconsistent introduction of sexual and reproductive health in the curriculum in

primary schools is a contributing factor.[19] Pre-teen girls are probably not aware of services available, and will not be able to access SRH services due to their age, unless accompanied by a parent or guardian. For pre-teen girls, their age is the biggest barrier.

Adverse outcomes for pre-teen girls who get pregnant

Interrupted education in primary school may cause her to drop out of the school system, which perpetuates a cycle of poverty and impoverishment associated with lack of education. The Department of Basic Education[30] states that the school, family and broader community within which a learner becomes pregnant also have an obligation to assure the continued education of the affected learner/s and to support them during and after the pregnancy.

However, there are problems with this statement, as mentioned in barriers, namely possible rejection and judgemental attitudes towards the girl by her family, school, and community.

Maternal complications and mortality are potential problems. Young adolescents (ages 10–14) face a high risk of complications and death, as a result of pregnancy, especially if they have poor or absent antenatal care.[31] Their babies face risks of low survival rates, low birth weight, preterm delivery and severe neonatal conditions.[32]

Sexually transmitted infections (STIs) are possible consequences of unprotected sex. They may result in lifelong infections such as HIV, genital herpes and genital warts (caused by the human papillomavirus, which can trigger cervical cancer). Gonorrhoea and chlamydia may lead to infertility.[29]

There is a risk of mental health problems, as pre-teens are not emotionally prepared to take on an adult role. Hormonal changes and stress during and after pregnancy are associated with mental disorders, predominantly depression and anxiety.[33] Or they may suffer from the psychological issue, low self-esteem, and hopelessness for their so-called moral transgressions.

Unsafe abortions, because the CTOP Act[23] and the Children's Act[20] allow for children under 12 to access abortions if a parent/guardian who will give consent accompanies the child. However, as the pregnancy is a result of rape, the HCP is obliged to report the child and parent/guardian to the police. This undermines the pregnant girl-child's right to confidentiality, confounded by her legal inability to give consent to the procedure.[34]

Illegal or unsafe abortions are very easy to access in South Africa, with advertisements in every community and on social media. The backstreet abortions offered are illegal because they advertise abortions up to 26 or 30 weeks pregnant, and are done by unlicensed providers. There are "do-it-yourself' abortions involving self-prepared herbal mixtures or substances.[35] The main reason that illegal abortions proliferate include difficulty accessing legal TOP, restricted access to clinics due to lockdown, and barriers such as fear of being denied an abortion. In essence, the lack of knowledge about how to access legal abortions in the public health sector as well as fear of mistreatment by HCPs are among the main reasons for the continued high rates of illegal abortion procurement.[36]

How can we help these girls?

As individuals, parents or guardians, we can talk to children, early and often about changes to their bodies and menses, and how to say NO to unacceptable sexual advances. As nurses and other HCPs, we can be aware of our attitudes and values conflicts, learn to be non-judgemental and to be an advocate. HCPs need training in this sensitive area, to be able to talk to parents and guardians on how to take care of children. Reporting to the police and social services is complex and requires a sympathetic and considerate approach, with appropriate referral pathways.[25] Organisations such as Jelly Beanz, The Teddy Bear Clinic and Thuthuzela centres are excellent referral places.[37-39]

As communities, we need to speak out, and find ways to take care of children. Teachers and school principals require advocacy training to deal with this matter. Police must aid in doing follow-ups on all reported cases. In general, there should be a shift of focus from the girls only, to including the men or boys accountable for the rape of the pre-teen girls. The government has laws and social reforms, but they are focused on teenage pregnancy, so the pre-teen girls are forever flying under the radar. For government sectors to be effective there is a need to create an environment where women and girls can access safe SRH services with minimal barriers in the public healthcare system.[1,35]

Conclusion

Child protection should be everyone's priority: individuals, families, communities and government. Young women and pre-teen girls are very vulnerable to sexual abuse, rape and exploitation. It is alarming to find that families and communities are not looking out for and protecting the girls, and to some extent that the reproductive health and child services are failing them.

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