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Who is to blame for the ‘problem’ of teenage pregnancy? Narratives of blame in two South African communities

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Abstract

Background The framing of teenage pregnancy in social discourse influences the way in which adolescent girls and young women (AGYW) are treated, the extent to which they are supported, and to which they are able to engage with services and enact pregnancy prevention behaviours.

Methods Through the analysis of data from a qualitative study conducted in the South African communities of Newcastle in KwaZulu-Natal and Moretele in the North-West province, we explored narratives of blame for teenage pregnancy. Data derived from seventy-one in-depth interviews conducted with forty AGYW aged between 15 and 24, twenty-four parents/caregivers of AGYW, five service providers, ten school educators, and two other community members. Interpretation of data drew upon blame, attribution and framing theories.

Findings The overall framing of teenage pregnancy was overwhelmingly negative, with participants labelling it immoral and ‘wrong’. Findings were arranged into key thematic areas that emerged in the data relating to blame for teenage pregnancy: the individual centred ‘wrong-girl’ and developmental discourses, in which blame was apportioned to AGYW for being immature, reckless, irresponsible, disobedient and greedy; the ‘wrong-family’ discourse in which blame was attributed to parents of AGYW for poor parenting and failing to adequately care for the adolescents in their responsibility; the ‘wrong-men’ discourse in which blame was attributed to men for luring AGYW into transactional sex, and for perpetrating gender-based violence; and lastly the ‘wrong-society’ discourse which attributed blame to contextual/structural factors such as poverty, a high volume of unregulated drinking establishments, and a lack of youth-friendly services.

Conclusions Policies, interventions and programmes focusing on adolescents’ sexual and reproductive health need to carefully consider the framing and narratives of blame and responsibility. There is an urgent need to shift away from the individualised moralistic shaming of pregnant AGYW, towards a recognition of a complex interplay of multi-level factors that enable or constrain AGYW’s agency. Policies and programmes should focus on both providing sufficient support to AGYW, while also addressing structural factors and harmful narratives and thus create the conditions necessary to enable AGYW to enact safe, informed, agentic and responsible decisions and behaviours about their own sexual and reproductive health.

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Plain English summary

The way in which communities regard teenage pregnancy influences how adolescent girls and young women (AGYW) are treated, the support they get, and their ability to receive health services and protect themselves from unwanted pregnancy. In this qualitative study exploring narratives of blame for teenage pregnancy in the South African communities of Newcastle in KwaZulu-Natal and Moretele in the North West province, we conducted interviews with AGYW aged between 15–24, parents/caregivers of AGYW, service providers, teachers, and community members. The way in which communities viewed teenage pregnancy was very negative. Most commonly, AGYW were blamed for teenage pregnancy, seen to result from their ‘bad’ behaviour. The parents and families of AGYW were also blamed for poor parenting. Men were blamed for tempting AGYW into transactional sex, and for gender-based violence. Lastly, people also blamed community level factors such as poverty, the high number of alcohol drinking venues and a lack of youth friendly health services. Programmes for AGYW need to think about the way in which communities and policies view teenage pregnancy and who is blamed. It is important not to just blame AGYW, but to recognise that there are many factors that affect how AGYW make decisions about their sexual and reproductive health, and the behaviours they engage in.

Keywords Teenage pregnancy, Adolescent girls and young women, South Africa, Sexual and reproductive health, Blame

Introduction

South Africa has high rates of teenage pregnancy,¹ and evidence suggests that these rates have been increasing in all provinces over the past five years amongst both young teenagers (10–14 years), and adolescents (15–19 years) [1]. National census statistics from 2019 show that just under 110,000 live births were registered among adolescent girls and young women (AGYW) between the ages of 10 and 19 years. Data suggests that an overwhelming majority (76%) of the pregnancies amongst adolescent girls aged 15–19 were ‘unplanned’ [1].

There is a wealth of literature describing the negative impacts that early childbearing can have on the educational and livelihood trajectories of young women, as well as on the general health and wellbeing of adolescent girls and their infants [1, 2]. Early childbearing poses various health risks including increased risk of pregnancy complications, higher rates of maternal and child death, and decreased wellbeing of babies born to adolescent mothers [1, 2]. Other consequences include increased vulnerability of AGYW households due to poverty, lower incomes, decreased access to employment and livelihood opportunities, and poorer educational outcomes for AGYW mothers [1, 3–5].

Studies that have examined causal factors for, and predictors of pregnancy amongst adolescents/teenagers in Sub-Saharan Africa have listed factors including relationship and gendered power dynamics such as sexual coercion or pressure from male partners; poor, inconsistent

or incorrect use of contraceptives; family structure and single-parent households; insufficient support from and communication with parents/caregivers; socioeconomic factors including poverty, unemployment, and poor educational opportunities [1, 6–8]. Distinct from evidence on the causal factors for the high rates of pregnancy amongst adolescents are framings of blame attribution in social discourse. The framing of pregnancy amongst AGYW is predominantly negative, referred to as a “problem” in need of intervention, and even an “epidemic”. Normative social frameworks the lens through which society interprets and judges issues, cast the teenage mother in a negative light, as a threat to the social order, a cause for moral outrage in social discourse, welfare dependent and a burden on society [9–18]. As a consequence of this demonisation and negative framing, pregnant AGYW receive scant social support and experience internalised stigma, shame, rejection by families, and social ostracization, in turn resulting in poor mental health outcomes and impeded ability to access health care and support [1, 19–21].

Community perceptions and the framing of ‘teenage pregnancy’ in the public consciousness can influence policy decisions and resource allocation as well as public support for these decisions [22]. The framing of teenage pregnancy also influences the social environment and the degree to which young mothers are treated with empathy and provided with psychosocial support. Social norms and sexual and reproductive health (SRH) policies play a role in constructing the meaning and framing of teenage pregnancy through shaping the way it is represented and can therefore influence the reproduction of stigmatisation and the culture of blame [23]. In South Africa and elsewhere, media representations and policy have framed

¹ In this paper we use the term ‘teenage pregnancy’, and ‘teenage mother’ to refer to pregnancies amongst ‘adolescent girls and young women’ (AGYW), which itself, is another category that has been problematised. We note some challenges with this terminology in discussion of the limitations.

teenage pregnancy and motherhood as a ‘problem,’ and teenage mothers as a burden on society and the state [24–26].

The aim of this exploratory formative study was to highlight AGYW and community perspectives on key challenges in two South African communities characterised by high rates of pregnancy amongst school-going AGYW, in order to inform an upcoming intervention. We did not initially set out to examine framings of blame relating to pregnancy, but this theme emerged as salient in analysis, warranting further exploration.

As a theoretical underpinning with which to interpret the framings of blame around teenage pregnancy we drew upon theories of framing and blame attribution. The framing theory [27], in which ‘frames’ refer to collectively constructed modes of understanding the world around us, enabling us to identify and define problems, pinpoint causes, make moral judgement, and suggest solutions [22, 28]. In doing so, frames provide tools for interpreting events and dictating our reactions to them, including the assigning of blame [28]. The way in which social ‘problems’ are framed by the media, policy, and public discourse, shapes people’s views and perceptions of reality. This influences how we attribute cause, effect, and the response to the problem, and how we apportion blame, which in turn influences health behaviours [29, 30]. Linked to framing, is the attribution of blame theory, which seeks to explain how and why people make judgments of causality, responsibility and blameworthiness after the occurrence of events with negative consequences [31]. The attribution of blame theory posits that people try to understand the causes of a specific social or health ‘issue,’ and in doing so make assessments about the reason/source of the issue in order to assign blame and responsibility [32]. This paper unpacks narratives of blame attribution surrounding teenage pregnancy in two communities in South Africa, highlighting the implications of these narratives and their relevance to policy and interventions.

Methods

This study was conducted in two communities of South Africa, Moretele in the North West (NW) province, and Newcastle, in KwaZulu-Natal (KZN). The Moretele municipality, situated north of Pretoria, South Africa’s administrative capital, has a total population in the region of 190,000 and is predominantly rural. Newcastle municipality, in Amajuba District, is located in the north-west corner of KZN, is predominantly urban, and has an approximate population of 370,000.

The selection of these study sites was based on them having been chosen as communities in which to implement a pilot school-based intervention for AGYW,

which lists reducing the number of new pregnancies amongst AGYW as one of its stated objectives. Recent national data suggests that these areas are characterised by increasing rates of pregnancies amongst AGYW, combined with lower than average rates of pregnant 15–19 year olds accessing antenatal care [1]. Whilst municipality level data is not available, provincial level data from the District Health Barometer 2022/23 on the proportion of births occurring among teenagers within government health facilities indicated that 8.7% of all deliveries in health facilities in KZN were to mothers aged 10–19 years; and 9.3% of all deliveries in health facilities in North West were to mothers in the same age group. This paper reports on data collected during a formative study, prior to the implementation of the intervention in Moretele and Newcastle. A total of 71 individual in-depth interviews were conducted with forty AGYW (27 AGYW aged 15–18 years, and 13 AGYW aged 19–24), 24 parents of AGYW, five service providers (including health workers and social workers), ten educators at intervention schools, and two other community members (as per Table 1). Participants were purposively sampled and enrolled by two embedded researchers in schools that had been selected for intervention implementation, and in the surrounding communities. Prior to recruitment, the research team had been introduced to principals and staff at the selected schools to facilitate recruitment.

Interviews were conducted by two embedded researchers who were trained female social scientists, fluent in the local languages: Setswana and Sesotho in Moretele, and isiZulu in Newcastle. Interviews were conducted in suitable and accessible venues located at schools or in the community which afforded privacy and where confidentiality could be maintained. Interviews lasted between 20

Table 1 Sample

	Total	Moretele, North West Province	Newcastle, KwaZulu-Natal Province
Sample group	71	30	41
Adolescent Girls and Young Women (AGYW)	40		
AGYW 15–18 years	27	10	17
AGYW 19–24 years	13	5	8
Community key informants	31	15	
Service providers	5	2	3
Educators	10	5	5
Parents of AGYW	14	6	8
Other community members	2	2	0

and 90 min, followed semi-structured topic guides, were conducted in participants' language of choice, and audio-recorded with participants' consent (and parental consent for participants younger than 18 years, as outlined in the ethical considerations). Audio recordings were translated into English transcripts, and reviewed for accuracy.

A reflexive thematic analytical process was used, following the framework outlined by Braun and Clarke [33]. The collaborative analysis was carried out by four analysts, and followed an integrated and cyclical process, starting with data familiarisation, involving the identification of emergent key themes and topics in initial readings of the transcripts. Thematic areas based on the topics included in the interview guides were built upon through inductive development and refinement. After the initial interviews were completed, preliminary analysis involved multiple readings of transcripts by analysts, using the initial set of thematic areas drawn from the research questions, while also allowing for sub-themes and unanticipated themes to emerge from the data. As analysis progressed from the semantic to the interpretive level, patterns and emergent themes were identified through a reflexive iterative process of reading the textual data, determining how the data set responded to the research questions, and enabling codes and themes to be expanded, modified and refined as necessary. Of the 71 transcripts, 20% (n=14) were double-coded (coded by two analysts), and 6% (n=6) were triple-coded (coded by three analysts). This allowed for inter-coder reliability to be enhanced and enabled collaborative interpretation and reflection. The theories of framing and blame attribution were used as a foundation through which to interpret and organise the emergent themes and actors in the assigning of blame around teenage pregnancy in the data.

Findings

Findings presented below are arranged in themes that emerged in the data relating to the framing of blame around teenage pregnancy and motherhood. Quotations are from the transcripts and are followed by details of the participants' sample group in brackets: AGYW aged between 15 and 18 years, AGYW aged between 19 and 24 years, parents of AGYW, educators, service providers and community members.

Narratives of 'Blame'

Blaming AGYW: 'wrong-girl' discourse

Overall, the framing of teenage pregnancy was overwhelmingly negative, with undertones of morality and blame falling upon on pregnant AGYW themselves. Discourses of internalised blame and moral judgement were also articulated by AGYW.

Respondents described AGYW's problematic behaviours as the key cause for the high rates of teenage pregnancy, including going out at night, being 'loose', engaging in reckless behaviours such as drinking alcohol, using other substances, and engaging in transactional sexual relationships with older men due to their own materialism and greed. Additionally, AGYW were blamed for their bad attitudes and lack of morals, refusing to use contraceptives, failing to adopt behavioural changes despite receiving sex education, being poorly disciplined, not listening to parents, and lacking shame for their behaviour.

The reasons provided for this perceived 'bad behaviour' varied. AGYW were blamed for being disobedient, not listening or following rules and socially and culturally defined norms. One theme of blame framed AGYW as foolish, immature, weak-willed and subject to peer pressure, resulting in poorly considered pregnancies.

Girls do things because of peer pressure, they do things like getting pregnant because her friends are also pregnant, they want to fit into the circle of friends. (AGYW 15–18 years, Newcastle)

Community stakeholder respondents blamed teenage pregnancy on AGYW for their disobedience and disrespect towards parents/caregivers, asserting that AGYW ignore rules and advice of elders.

I think it (teenage pregnancy) is caused by the children, because our children do not want to be disciplined. Our kids do not want to listen at all. Even if people are trying to talk to them, they do not listen. They do not listen to the rules set by parents at home. (Service Provider, Newcastle)

Coupled with blaming AGYW for lacking discipline, parents and other community members blamed AGYW for their reckless consumption of alcohol, frequenting taverns and acting 'loose', which it was suggested, inevitably results in pregnancies.

Our children want to enjoy themselves, they do not listen to us parents. They do not want to stay at homes, they stay at the taverns, they drink and smoke. When these come together (alcohol and smoking), what happens... what can you expect to get in return?... they get pregnant at a young age. (Parent of AGYW, Newcastle)

Respondents explained that alcohol enhances AGYW's irresponsible behaviour. Blame was even laid on girls who frequent taverns, and end up getting drugged and raped, which sometimes results in pregnancy.

A person can buy two beers and leave with you...

tomorrow you don't know who you slept with, because you were drunk, and you do not know what happened to you... after that you realise that you're pregnant. (Community Member, Moretele)

It was suggested that girls are to blame for being greedy and entering into transactional situations in which they trade sex for alcohol at taverns.

We have taverns around, and the kids want to dance, and they end up having sex and they get pregnant... that is the fastest thing that contributes to this high rate of pregnancy... sometimes she does not know the father of the child. They end sleeping with everyone so that they can get beer. (Parent of AGYW, Newcastle)

The narrative of blame and greed emerged not only in connection to alcohol, but relating to AGYW's materialism, and social status aspirations, which lead to teenage pregnancy.

Girls copy each other... like "do something with this man"... they do that because they want money from the men... and they do not think that they will be pregnant... obvious they want to buy things... expensive things. (AGYW 15–18 years, Moretele)

On the theme of blaming AGYW for their materialism and greed, it was suggested by both AGYW respondents and other community stakeholder respondents that girls get pregnant intentionally in order to access the governmental Child Support Grant (CSG).

They think CSG can help them in making a living... They also influence others to have children. Others can see that someone is able to buy things she likes by using CSG. (AGYW 15–18 years, Newcastle)

While it was acknowledged that poverty was a factor contributing to AGYW being in these situations, some respondents suggested that when AGYW access the CSG, they spend the money on alcohol rather than on the child.

Girls do not care about education or about improving their lives, they only care about being pregnant so they can access the child support grant, so that they can be able to get money to buy alcohol. It seems that is how they live in my community. They enjoy that kind of life and that is what seems important to them. (Educator, Newcastle)

Blame was also apportioned to AGYW for their failure to use contraceptives and condoms. It was suggested that even when AGYW have knowledge about pregnancy prevention methods, and even when they are easy to access,

some AGYW choose not to use them. Heeding poor advice from peers contributed to AGYW decisions not to use contraceptives.

We do not take contraceptives, we listen to bad advice from friends... they will tell me the disadvantages of different types of contraceptive so you will end up deciding not to use them... the government has tried all means to give us protective measures but we do not use them and end up getting pregnant because we listen to friends. (AGYW 19–24 years, Newcastle)

It was also suggested that AGYW choose to have condomless sex, prioritising pleasure over the risk of pregnancy, as condoms negatively impact on sexual pleasure.

Those who are falling pregnant are those who are saying "I cannot use protection"... Asking these learners "why are you falling pregnant at a such early age?"... They said "uh sex is enjoyable"... [Laughing]. (When you ask) "why are you not using contraceptives?"... They say "how can you shower with a... plastic?" (Educator, Moretele)

Responses from AGYW respondents suggested that although AGYW have SRH knowledge it does not necessarily translate to enacting pregnancy prevention behaviours.

They (AGYW) should use protection but then they... say "okay sharp I will use a protection (condom)", and then when she is with her person, they won't use it... so I don't know how to stop them... Yeah [sighing] I don't think that there is a lack of knowledge, because current youth is getting pregnant knowing that prevention is available. (AGYW 19–24 years, Moretele)

Even with SRH knowledge and information, some AGYW engage in sex which they later regret, and which may result in pregnancy.

I can't say they (AGYW) lack knowledge... they do things of which at the end of the day they regret and then there's... teenage pregnancy. (AGYW 15–18 years, Moretele)

This view that AGYW do know how to prevent pregnancy, but continue to engage in condomless sex, was also expressed by community respondents.

Teenage pregnancy is high... what seems to be the problem... these children... they fall pregnant knowing... I can't say they do not have information that... if they sleep with each other without a condom they will get pregnant. They know that. (Service Provider,

Moretele)

It was suggested that AGYW also have access to contraceptive services but fail to make use of them and are dishonest about attending clinics.

Girls are being taught to abstain, to use condoms, to take contraceptives, and to go for virginity testing but still they get pregnant... Girls will tell you that they are using contraceptives but you will see them pregnant. They change the dates on the cards as if they were at the clinic. (Service Provider, Newcastle)

One implication of the framing of blame on AGYW themselves for the 'problem' of teenage pregnancy was the internalisation of narratives of blame and shame by AGYW. The consequence of this internalised blame and shame manifests in AGYW's poor health seeking behaviour, particularly for antenatal services.

Our children are afraid to go to the clinics... You sometimes find out that the child has made the mistake (of getting pregnant) but it will be a challenge to go to the clinic... I am not sure whether they feel embarrassed or what. (Parent of AGYW, Newcastle)

Blame on the 'adolescent' girl: the developmental discourse

Evident in respondents' narratives was the framing of teenage mothers as a societal burden, irresponsible and ill-equipped to deal with parenting, with neither financial means nor sufficient emotional maturity to care for children, further burdening already struggling households.

Teenage pregnancy is very wrong... totally wrong... because firstly she cannot afford... to buy the baby all the things that they need, you don't work. (AGYW 15–18 years, Moretele)

Community respondents who viewed teenage pregnancy as a widespread 'problem' generally focused their concern on the welfare of the baby born to an immature teenage mother, who is viewed as neither mentally nor economically capable of taking care of them, as well as a concern for the households of AGYW who bear the burden of caring for the babies. In this sense, respondents viewed teenage pregnancy negatively primarily due to its impact on other people, namely the infants and families of AGYW, rarely considering the effects on teenage mothers themselves, who were framed as blameworthy.

(Teenage pregnancy)... that thing is difficult... a child gives birth to a child, she can't even hold a baby... You, as a parent (of a teenage mother), you have to bear the responsibilities. (Parent of AGYW, Moretele)

Other respondents spoke of teenage pregnancy more in terms of the shame and embarrassment it causes for the families of AGYW. One reason for the embarrassment was the taboo and discomfort around adolescent sexuality.

Most girls get pregnant, even the young ones... You sometimes feel embarrassed when you look at the young girl carrying a baby and you wonder how she got the baby. We feel embarrassed when you see that. (Parent of AGYW, Newcastle)

Narratives from AGYW themselves suggested that girls get pregnant due to carelessness and peer pressure, failing to consider the financial implications of having a child, and the consequences for their already struggling households.

Many girls have children at a young age... (even) knowing that their school situation... their home situation is not good... they are poor but they make babies because... it's peer pressure ... because of friends. (AGYW 15–18 years, Moretele)

Respondents also suggested that AGYW act foolishly in romantic relationships. Competition between girls leads AGYW to intentionally, yet misguidedly, get pregnant as a means of relationship security.

One boy sometimes dates five girls, so we end up fighting and we think the best way to win this boy is to get pregnant. We do not fight physically now if we are sharing the boy, we win by getting pregnant [laughing]. (AGYW 19–24 years, Newcastle)

Blame was also attributed to AGYW for being immoral and immature, with those who get pregnant failing to display sufficient shame for their state.

Teenage pregnancy in this community... the rate is very high... teenagers get pregnant... but a lot of time... it is not even something that they are ashamed of. (Educator, Moretele)

Some AGYW themselves admitted that they choose not to listen to the advice and entreaties from their parents.

Our parents are trying but we do not have respect for them. (AGYW 19–24 years, Newcastle)

Blame on parents / caregivers of AGYW: 'wrong family' discourse

The second most salient framing narrative that emerged in the data blamed the high prevalence of teenage pregnancy on parents/caregivers of AGYW. In contrast to data presented above, one view expressed by AGYW

was that girls themselves cannot be blamed, as they lack information about contraception options, many are unable to talk to their parents about SRH and lack other role models and sources of information to guide them. The blame then falls on those who fail to provide this information and support.

(The rate of teenage pregnancy in this community)... is increasing... it is because... girls do not have people who can advise them about sexual health issues... There are people at home, it is just that they are afraid to talk, and some of the parents are not talking to their kids. (AGYW 15–18 years, Newcastle)

Some community stakeholder respondents also believed that teenage pregnancy could be linked to a lack of knowledge about SRH and especially contraception. The blame for this was laid at the feet of parents for not communicating effectively or sufficiently with their daughters and equipping them with the knowledge and information needed to make informed decisions.

The lack of information also can give rise to this teenage pregnancy. Girls do not have information that if they have started dating, they will need to go to the clinic and get something to prevent pregnancies. (Parent of AGYW, Newcastle)

In contrast to the view above, some community respondents expressed the view that when parents talk to their daughters about SRH, or when parents take AGYW to clinics to get contraceptives, they are condoning sexual activity, promoting promiscuity, and are thereby encouraging them to get pregnant.

Teenagers get pregnant while they're still in school... (if) we parents we take those children to the clinics to prevent... we give them that courage that if they go and prevent and then we throw them to a point where it is alright to do those things. (Community Member, Moretele)
Isn't it that when you're a parent raising a child... you will... ask yourself that "what can I do, can I take her to prevent (access contraceptives) while she is still a child?"... that is when I sent her to boys... isn't it? (Community Member, Moretele)

Other respondents also laid blame on the parents/caregivers of AGYW, agreeing that teenage pregnancy can be caused by a lack of discipline, placing the blame on caregivers for not being strict enough.

Girls lack strong and firm hand, they need someone who will state firm rules for them at home, for example setting the curfew. (Service Provider, Newcastle)

Blame ascribed to parents for providing insufficient care also related to parents being too busy with their jobs, many of them living and working in other locations, leaving AGYW to fend for themselves, vulnerable to the influence of peers and engaging in transactional sex.

I notice when I am at the clinic, you see a young girl pregnant, at the age of 14 and 15... Parents are working so girls become independent and they do whatever they like. They listen to friends. Sometimes they are also trying to make money and they end up engaging in sexual activities and when she is pregnant, she will be the only one responsible for raising that child. (Parent of AGYW, Newcastle)

Blame was also accorded to parents who neglect their daughters due to their own alcohol and substance use.

Teenage pregnancy... this high rate is due to the fact that in this community, mothers are drinking alcohol, so they do not have time to talk to their girls about the best way of behaving. In the afternoon mothers are out drinking alcohol and girls use that time to go out to do their own things like dating. (Parent of AGYW, Newcastle)

Blame was also apportioned to families for the neglect and abuse of AGYW, and their failure to provide a supportive and loving environment, which leads AGYW to seek affection and love elsewhere.

Some (girls) give themselves to boys... They do not get the love they need from their homes. They think maybe they can get that love from boys if they give them children... it is to lack love from home, others maybe money. (AGYW 15–18 years, Moretele)

It was suggested that AGYW who feel neglected by their families believe that they can get love and commitment from their partners if they get pregnant.

Your parents... you lack your own needs, then you end up going outside... maybe you feel neglected at your home... there's no one to comfort you and stuff, yeah you also need love from home... that is why they end up doing such things... you have a child. (AGYW 15–18 years, Moretele)

A lack of care or abuse from parents and families was also listed as a driver for AGYW engaging in transactional sex and relationships, which can lead to pregnancy. Some AGYW think that by giving an older man a child this will ensure relationship security and his continued financial support and affection.

Some of these girls experience abuse... they find comfort in boys... someone... that kind of shows

them that they love them, gives them a bit of attention... then they feel comfortable and they end up doing those things (having unprotected sex)... teenage pregnancy... if a child is dating someone... older, whom she thinks that this person is providing for her... she ends up thinking that if I give this person a child I am going to keep this person. (Educator, Moretele)

The intersections between parental neglect and poverty were alluded to in respondents' narratives, suggesting that families' economic circumstances play a key role in AGYW's susceptibility to transactional relationships and early pregnancy.

Teenage pregnancy... it's a burning issue... it's heart breaking... (some parents) do not take care of their children... after a child has fallen pregnant... you see poverty written in that child's eyes... and then (you find out) the parent is involved in selling the learner to men in order to money to survive at home, and then at the end after giving birth, that learner is suffering... some are being led into premature sexual relationships by older people, because they're that their offering money... drugs... alcohol... lack of parental control... financial constraints (all contribute to teenage pregnancy). (Educator, Moretele)

Blame on men: 'wrong-men discourse'

A third theme emerging in respondents' narratives attributed blame for teenage pregnancy to men for their role in transactional sex and relationships, and gender-based violence. Blame was particularly accorded to older men for luring AGYW with the promise of material and financial support, in exchange for sex, and then failing to support AGYW when they end up pregnant.

Their boyfriends are older men... Men influence these girls... Older men should not come closer to young girls, because they get them pregnant and then leave them. (AGYW 19–24 years, Newcastle)

Men were accused of failing to take responsibility for the girls they impregnate and the children born, and therefore ruining the lives and educational prospects of the teenage mothers.

Depending on the man... (he) will lie to you to have a child and run away. When he runs away you must take care of a child, you will find that there is no one to leave your child with at home... you drop out of school, I mean your future becomes ruined... ruined, real ruined. (AGYW 15–18 years, Moretele)

Men were also blamed for teenage pregnancy which resulted from incidents of gender-based violence (GBV) and sexual abuse in households. Combined with this, blame was also apportioned to families for failing to listen to AGYW who try to speak up about abuse from family members.

At home... that's when now men need to listen... really they should have ears... because uncles, and fathers eish! We are saying a child should stop going out but yet a child tomorrow is pregnant... a child doesn't even go to the shop but tomorrow is pregnant... How?... mothers they need to be vigilant... we jump on them and shout at them when they start telling us... "mom, but my uncle said something like this... my uncle has touched my butt"... then it causes a child to feel uneasy. (Parent of AGYW, Moretele)

Blame on contextual factors: 'wrong-society' discourse

In respondents' narratives there was some acknowledgement of contextual factors that also contribute to high rates of teenage pregnancy, although this fourth thematic area was less common than attributing blame on AGYW or their caregivers. Intersecting with the blame placed on men for luring AGYW into transactional relationships, was the suggestion that contexts of poverty are to blame for the high rates of teenage pregnancy, making AGYW susceptible to temptation.

Poverty also has an impact on this high rate of teenage pregnancies... if the girl meets a guy in the street, it will be easy for that guy to tempt that girl by using her (impoverished) home situation to get to her and the girl is likely to agree. (AGYW 19–24 years, Newcastle)

In participants' narratives, blame for teenage pregnancy was also placed on the existence of numerous taverns/shebeens (informal establishments serving alcohol) and the lack of enforcement of age restrictions on buying alcohol.

It is not easy to confront the tavern owner because he will tell you that he is doing this to survive and he is not asking the children to come to the tavern they come out of their own will... Before the age restriction was 18 years to have access to the tavern but now anyone can go... Children go to the tavern and get pregnant maybe at the age of 13 and 14 and you ask yourself how this child gets into a tavern. (Parent of AGYW, Newcastle)

There was also the suggestion that teenage pregnancy is caused not only by AGYW reluctance to use

contraceptives, but by the structural / interpersonal barrier of a lack of youth-friendly services.

We have a problem with nurses... when you ask someone "Why are you not aren't you using contraception" they will say "at the clinic they are going to tell me this"... ..that is the problem... nurses are not able to talk to youth the right way. (AGYW 19–24 years, Moretele)

Linked to the blame attributed to parents of AGYW for not being strict enough, was the narrative of blaming cultural shifts and a loss of traditional values for the increase in teenage pregnancy. Community respondents suggested that traditional mechanisms for equipping adolescents with SRH information have been lost.

Maybe they get that (SRH) information from schools but not at homes. Things have changed from the way they used to be in olden days, where mothers used to tell their girls about the best way of behaving. (Parent of AGYW, Newcastle)

It was suggested that the increased awareness that children have of their rights has catalysed a change in behaviour; however, the awareness of rights is not always accompanied by an understanding of responsibilities.

The rate of teenage pregnancy is getting high... The girls are not respecting themselves now... they do whatever they like... At homes, the way they were raised has changed... the issue of teenage pregnancies, issue of drugs, were not there before... Parents were strict then, compared to nowadays, they could enforce some rules at home... the rights also caused the children to behave the way they do, and they forget that rights go hand-in-hand with responsibilities. (AGYW 15–18 years, Newcastle)

Although the blaming of parents was a dominant theme in the data, reflecting the perspective that parents bear the bulk of responsibility for their daughters' upbringing, it was also suggested that teenage pregnancy should be regarded as a community failure. Respondents asserted that it should be a collective community responsibility to educate AGYW and ensure they live according to traditional cultural values.

Sometimes it is a child's ignorance, sometimes it is our ignorance as parents. We are also supposed to take responsibility for our children, not just our children... each and every child is your child! We must stand up and go out and give them education... You can see that the life they are holding is not the right one. It is not only us as parents who should work together with government... so that we raise our chil-

dren in the path. (Parent of AGYW, Moretele)

Discussion

In the narratives of AGYW, and other community respondents in our study, teenage pregnancy was overwhelmingly framed as immoral and wrong. The framing of blame for teenage pregnancy mostly centred around AGYW themselves, in addition to parents, older men, and to a lesser extent, contextual factors. Firstly, and most prominent, were the individual centred 'wrong-girl' and developmental discourses, in which blame was apportioned to AGYW themselves for their immature, reckless, careless, irresponsible behaviour; their disobedience leading them to foolishly follow peers; and greed for material gain by engaging in sexual relationships with older men. Young mothers were regarded as a burden to already struggling households. The second theme, the 'wrong-family' discourse, related to the blame apportioned to the parents/caregivers and families of AGYW, for their lack of SRH communication with AGYW, or conversely, for their open communication with AGYW which allegedly promotes promiscuity. Parents were also blamed for poor parenting, including failing to discipline their daughters, and in some cases for abuse and neglect, which leads AGYW to engage in sexual risk behaviours which result in pregnancy. Thirdly, the 'wrong-men' discourse, in which blame was placed on older men, for tempting AGYW into engaging in transactional sexual relationships for material gain, and for putting them at risk of pregnancy, after which they may be abandoned. Lastly, in the 'wrong-society' discourse, blame was apportioned to structural factors that constrain the agency of AGYW and impede their adoption of pregnancy prevention behaviours. The internalisation of narratives of blame and shame by AGYW manifests in poor mental health outcomes, impeded health seeking behaviour and a reluctance to seek care.

Blame on the individual: 'wrong-girl' discourse

Most apparent in the views of parents and other community members was the narrative of blame on AGYW who take risks, behave recklessly and irresponsibly, and end up pregnant as a result. The framing of adolescents and young people as reckless and deserving of blame for the consequences of having unsafe sex is a common narrative globally, and has been highlighted in previous work in South Africa [34]. In the framing of the individual agent being in control of their own lives, the discourse of unintended pregnancies becomes one of the inevitable and deserved outcomes of an irresponsible girl's carelessness and 'bad behaviour', deserving of shame and blame [20, 23, 35]. This 'wrong-girl' discourse makes a moralising

appraisal of teenage pregnancy, emphasising the agentic individual with a deficit of moral agency, who should be held accountable for their own actions, and is deserving of shame and blame [16, 17, 20, 25]. In the South African sociocultural and political context, the ideological framing of the blameworthy pregnant teenager as an irresponsible moral degenerate has dominated public discourse and shaped health and education policies [36].

As seen in our findings, teenage mothers are blamed for the burden they place on their families and households, particularly in households that are already struggling financially. Respondents explained that many young mothers end up without any support from male partners and are ill-equipped with the education or skills to find gainful employment, thus relying on families. Both AGYW and other respondents apportioned some level of blame for teenage pregnancy on AGYW's motivation to access the Child Support Grant provided by the South African government. However, there is significant evidence that suggests that the common discourse and widely held perception that AGYW intentionally get pregnant in order to access the grant is unfounded [13, 20, 37, 38]. This discourse of young women deliberately getting pregnant to access social grants and benefits was also evident in the United Kingdom in the 1980s-90 s, where teenage mothers were framed as immoral, promiscuous, and a burden to the state and society [36]. This narrative of blaming teenage mothers for causing financial strife through their dependence on families, society and the state creates feelings of resentment in communities, which leads to reduced empathy and willingness to support young mothers [24, 39].

Blame on the 'adolescent' girl: the developmental discourse

Apportioning blame to AGYW falls within the developmental discourse, in which the 'developing' adolescent is blamed for their 'risky' behaviour. Respondents in our study described situations in which AGYW get pregnant in the belief that it will enhance relationship security, without considering the financial implications of having a child in the long-term. Developmental literature suggests that adolescents tend to focus on the present, without considering the future, increasing their likelihood of making decisions that may have a negative impact on their long-term health and wellbeing [40]. The developmental discourse posits that in this period of transitioning to adulthood, adolescents increasingly make decisions independent of any adult input, which, it has been suggested, leads to an increased engagement in risk behaviours [40]. The attribution of blame on the risk-taking individual ties into the 'discourse of risk', in which adolescents are framed as 'risky' individuals, who engage

in 'risky' behaviours, and blame is apportioned to young people for being promiscuous and reckless [41]. Within this discourse, the teenager is positioned as the embodiment of risk factors, blameworthy and responsible for inviting risk through ill-advised and irrational decisions [17, 42, 43]. However, it has also been argued that this perceived lack of 'future orientation', decision-making competence, and emotional maturity in adolescents is problematic, as it makes assumptions about adolescents as a decontextualised homogenous group, contrasted with an idealised concept of maturity and adulthood [9].

As seen in our findings, AGYW are blamed for 'failing' to use contraceptives. In a context where contraceptives are increasingly available, there is a tendency of framing the failure to prevent pregnancy as an individual's failure to take precautions [11]. This narrative fails to consider the systemic and structural factors and power asymmetries associated with aspects such as age, socio-economic characteristics, and gender that constrain the choices that the individual AGYW can make, as well as the myriad barriers AGYW face when trying to access contraceptives [42, 44]. Also, important to consider, is the way in which interventions 'targeting' teenage pregnancy, have been designed and conceptualised along a 'behaviour change' premise, assuming rational decision-making by individuals [44]. Arguably, in doing so, the very design of interventions that aim to build AGYW's capacity to avoid risk, make good decisions and act responsibly, suggests that the burden of change rests with AGYW and their behaviours [43]. It has been argued that 'behaviour change' interventions, whose objective is to modify the behaviour of individuals, are a form of moral policing of behaviours that are framed as being risky and problematic [45], while failing to acknowledge the structural context in which SRH is embedded.

It is likely that part of the culture of blaming and shaming teenage pregnancy relates to discomfort and taboos around adolescent sexuality. In the sub-Saharan African region, adolescent sexuality has historically been regarded as something that needs to be restricted and repressed [46]. Teenage pregnancy, being such a visible marker of an adolescent being sexually active, is framed as a violation of social norms, often manifesting in social derogation, stigmatisation, and marginalisation, which AGYW internalise as shame, further perpetuating the cycle of associations between sexuality and adverse SRH and mental health outcomes [20, 47]. It could be that the discomfort around teenage pregnancy is related to the transitional nature of adolescence. Adolescents occupy a liminal position between childhood and adulthood, and as a consequence, there is a discord between the sexual maturity afforded to an individual by the state of pregnancy versus teenagers being regarded as children [17].

In this manner, the pregnant adolescent, whose very sexuality is constituted as a problem, transgresses societal expectations and comfort levels [24, 43].

Blame on parents: 'wrong-family' discourse

Respondents in our study also apportioned blame to the parents of AGYW who get pregnant. One reason for this was blaming parents for a lack of SRH communication with their daughters, failing to provide them with the information they need to make informed SRH decisions. Respondents' narratives highlight pervasive intergenerational conflicts and reflect a key challenge around ineffective communication between generations. In previous studies, blame on parents for failing to provide adequate SRH information and sufficient parental guidance has also been apportioned by adolescents who experience pregnancy. The barriers to sexuality communication between parents and adolescents in South Africa have been well documented [46, 48].

Regarding the extent to which parents are to blame for these barriers, prior research has highlighted parents' reticence to discuss SRH with their daughters due to various factors, including their own lack of self-efficacy to do so, concerns that doing so would encourage sexual activity, and high levels of discomfort [13, 46]. Parents are often unaware of the extent to which their own reluctance to discuss SRH affects their daughter's sexual health, leaving her feeling isolated and impeding her ability to seek support and advice [13, 46]. However, it is pertinent to consider how much of the blame lies at the feet of parents, and how much blame could be placed on socio-cultural norms which restrict SRH communication, relating to the 'wrong-culture' discussion below.

Blame apportioned to parents and families of pregnant AGYW was also due to their failure to enforce discipline, provide sufficient support, as well as in some cases parental substance use, leading to neglect and abuse of AGYW. While the period of adolescence is generally understood as one of increasing independence and autonomy from families and parents, the developmental discourse posits that adolescents are not fully mature or responsible, somehow not fully in control and therefore not morally culpable [45, 49]. This diminishes the sense of blame and responsibility on the adolescent themselves and shifts the blame to the adult/s responsible for caring for them [9].

Blame on men: 'wrong-men' discourse

Apparent in our findings was also the theme of blaming men for teenage pregnancy, particularly older men who are accused of luring AGYW with the promise of material and financial support, in exchange for sex. It was suggested by respondents in our study that in some cases these men persuade AGYW to get pregnant, only to

abandon them. Men were also held to blame for gender-based violence and sexual abuse, particularly male family members in AGYW households. Despite the perspectives on male partner influence expressed above, which are known barriers of condom and contraceptive usage among AGYW [50], blaming men for teenage pregnancy only emerged as a minor theme in the data. It is important to acknowledge the structural level gendered power imbalances and norms that underpin these behaviours described above, such as transactional relationships and gender-based violence, and constrain AGYW's agency, decision-making and risk avoidance [44, 46].

Whilst interventions to address teenage pregnancy have started to acknowledge the critical involvement and engagement of male partners and community members, the continued focus of programmes and interventions on AGYW, without including males, perpetuates the framing of girls as provocative and blameworthy [2]. It has been suggested that blame attribution along gendered lines frames the responsibility for an issue, such as teenage pregnancy, on a particular gender. Interventions that focus predominantly on women may inadvertently burden them with responsibility for pregnancy, thus enabling men's disengagement [30].

Blame on context / culture: 'wrong-society/wrong-culture' discourse

To a lesser extent than the previous themes, apparent in some respondents' narratives was an apportioning of blame on contextual factors that contribute to teenage pregnancy. Some community stakeholder respondents blamed cultural shifts accompanied by a loss of traditional values and practices for the increased prevalence of teenage pregnancy. Contexts of poverty were also blamed for creating situations in which transactional sex with older men becomes a tempting option for AGYW. It is critical to avoid casting AGYW as powerless victims and recognise that some AGYW do exercise their autonomy in strategically engaging in transactional relationships, while at the same time recognising the reality of gender inequity in which AGYW have limited access to other economic opportunities, and are less likely to be able to negotiate condom use in these situations [51].

Some respondents in our study also suggested that instead of blaming AGYW for failing to use contraceptives, blame should be apportioned to the lack of youth-friendly services which create a barrier to contraceptive access. There is a wealth of evidence describing how provider attitudes, and AGYW's perception of how they are treated when accessing contraceptives serve as a barrier to access [52]. Communities, schools, education, social protection and health policies, parents, socio-cultural sexuality communication norms, and the media, all to

some extent create a specific environment in which a young woman navigates her sexual health decision-making and risk-taking behaviours. The extent to which she has the knowledge, skills, agency and access to commodities and services needed to make informed and empowered decisions about pregnancy prevention are determining factors [49]. The discourse of blaming the individual AGYW ignores the structural inequalities and social context, characterised by stigma, discrimination and a lack of support [25].

Relating to the discussion above regarding the blame accorded to parents for failing to equip their daughters with the knowledge and support to prevent pregnancy, it is important to consider the extent to which parents' agency to do so is restricted by the socio-cultural setting. By placing blame on the deviant, reckless individual teenage mother for her behaviour and poor decision making, the blame is shifted away from the system that has failed her and the context in which she is situated [20]. However, it is critical to attain a balance and avoid the scenario in which, in shifting the blame away from the teenage mother, she is framed as a hapless victim of circumstances, vulnerable to external factors that place her at risk, and therefore deny her agency [43].

Regarding the study's limitations, we note that since this was exploratory formative study, we did not purposively sample and interview AGYW who had been pregnant with the specific aim of uncovering their personal narratives of being blamed and shamed. However this can also be regarded as a strength, affording us the opportunity to reflect upon the ways in which narratives of blame emerged in the data. Another limitation relates to terminology and semantics. In this paper we have used terms such as 'teenage pregnancy' and 'teenage mother'. Arguably there are challenges and limitations with this terminology, as it reifies a life stage known as 'teenage-hood', situating it as a transcultural phenomenon, an objectively definable and separable stage of development marking a transitional stage between childhood and adulthood [9]. In our study we used the term AGYW / 'adolescent girls and young women', a term widely used in public health discourse. This term, and the terms 'teenage pregnancy/motherhood' arguably are similarly problematic for clustering together a wide age range, and in doing so, failing to recognise the heterogeneity and diversity of characteristics and experiences of pregnancy and motherhood within this group [11]. Reflecting on the subjectivity and positionality of authors, in using the terms 'teenage pregnancy/motherhood', we may be ourselves buying into the framing of blame and attributions of immorality, implying a sense of illegitimacy to women who start childbearing early on in their 'reproductive life phase' [11]. In future qualitative studies on 'teenage pregnancy'

it would be useful to explore the construct of 'pregnancy acceptability', in order to unpack the complexity of pregnancy intentions in the context of AGYW's lived experiences. Lastly, AGYW respondents were grouped into two sample categories, those who were aged between 15 and 18 years, and those who were aged between 19 and 24 years. We are unable to provide the exact age of each AGYW participant cited in the direct quotations, which limits our ability to analyse the nuances of how age affects responses.

Implications: the impact of blame

It is important to consider the implications of being at the receiving end of blame. Blame imposes social and psychological costs on the person being blamed [53]. When a health issue is regarded as 'controllable', i.e. a sexually transmitted infection versus a genetic disorder, the blame is more likely to fall on the victim, particularly when the health condition is stigmatised, and/or a result of sexual activity [29, 32, 54]. The act of blaming is a form of social regulation, attributing blame is enacting critique of violations of social norms and expectations, thereby devaluing the blamed social actor [53]. The result of the social judgement and blame apportioned to AGYW, and the dominant discourse that AGYW are deviant, irresponsible, and shameful is that AGYW internalise this narrative and judgement which may result in feelings of guilt and self-inflicted blame, leading to depression, anxiety, a lack of self-worth, low-self-esteem, reduced support seeking, and even suicidality [20, 35]. An additional effect of the shame, blame and stigma of teenage pregnancy is a sense of social exclusion and isolation, resulting in a culture of non-disclosure and hesitancy to seek the health services they need [12, 20, 24, 35, 39]. Young women's sense of self is affected by the negative stereotypes surrounding teenage pregnancy and parenthood, which restricts their agency and decision-making abilities [24]. There is also evidence to suggest that blamed individuals adopt defensive behaviours and maladaptive coping mechanisms, which may increase engagement in risk behaviours [54].

In the act of blame attribution, the blamer avoids responsibility for an issue or problem by blaming the victim. Placing the blame on the 'wrong-girl' pregnant AGYW absolves other parties—parents, families, education and healthcare providers, and policies—of responsibility [55]. By constructing the causal explanation for the problem, responsibility or blame is laid on the victim themselves [2]. Evidence suggests that higher levels of blame attribution correlate with lower feelings of empathy and responsibility by the 'blamer', which leads to lower willingness to help and support [2, 54]. Blame attribution for teenage pregnancy impacts not only empathy and support for young mothers, and the provision

of services to them, but also the efficacy of educational and health policies since causal explanations for the drivers of teenage pregnancy are motivated by blame rather than evidence. The way in which communities and media frame blame affects the extent to which empathy and responsibility is felt amongst families, parents and caregivers, educators, health care providers, communities and policy makers; the implication of attributing blame to AGYW is that the collective sense of responsibility is diminished, and support for the sexual and reproductive health and rights of AGYW is denied [2, 54]. When AGYW perceive a lack of empathy among parents and families for their SRH decision-making, they are discouraged from seeking valuable support and advice from these sources, thus enhances their likelihood of making poorly informed decisions, which may result in pregnancy [46].

Re-framing the blame

Can these narratives of blame shift? It has been suggested that the COVID-19 epidemic prompted a shift in the moral evaluation of teenage pregnancy, from one of being stigmatised, to being seen as vulnerable victims of circumstance [22]. In this re-framing, emphasis shifts from the individual irresponsible and blameworthy agent, to the powerless victim of the context of lockdowns and the closure of educational institutions, thereby re-framing teenage pregnancy as society's responsibility [22]. Although this framing could also be problematic for denying the individual agency, it does demonstrate that re-framing of the blame narrative is possible. The shift of blame and re-framing of narratives is also possible in the policy context. An illustration of this is the way in which the narrative of teenage mothers being blamed for social ills and the degradation of society was evident in public policies in the United Kingdom in the 1980s and 1990s. However, due to the framing of a new government policy on teenage pregnancy introduced in 1999, although the representation of teenage mothers remained negative, the apportioning of blame shifted away from the teenage mothers themselves, towards society, families/parents, and earlier government policies [49].

Conclusions

These findings demonstrate the complexity of blame attribution across multiple levels, from the individual AGYW, to family factors such as parental support, monitoring, and communication, to gender norms and expectations, to the structural systemic context of healthcare provision and alcohol regulation [56]. Understanding the framings of blame for the 'problem' of teenage pregnancy in community/social discourse, intervention design and policy in South Africa

is critical. To date, the majority of existing SRH interventions and public health approaches have placed the burden of responsibility on AGYW [22, 57]. Problematizing and framing teenage pregnancy in a manner that blames the individual pregnant AGYW causes potential harm, threatening wellbeing and exacerbating risks of negative health outcomes for mother and baby, including negative mental health outcomes. It also creates barriers to AGYW engagement with necessary health services and support and pregnancy prevention behaviours [32, 35, 42].

To protect and support young women, it is necessary to shift blame narratives away from the individualised moralistic policing and shaming of pregnant adolescent bodies, towards a recognition of a complex interplay of multi-level factors that constrain AGYW's agency and ability to make and enact 'good' decisions [10, 13, 22, 56, 58]. Policies, interventions and programmes focusing on adolescents' SRH need to carefully consider the framing and narratives of blame and responsibility, attaining a balance between shifting blame away from AGYW, whilst still ensuring that they are supported in developing the skills to become responsible agents in their own sexual and reproductive health and decision-making [12, 57]. Additionally, interventions aimed at addressing the 'problem' of teenage pregnancy should consider the extent to which change is expected to come from AGYW as individual agents, due to the framing of blame. There is a need to recognise that the responsibility for change should fall more equitably across multi-level actors, and that efforts need to be made to create the conditions necessary to enable AGYW to enact safe, informed, agentic and responsible decisions and behaviours about their own sexual and reproductive health [57]. Future interventions could consider methods such as co-designing Theories of Change and using intersectionality theories to re-frame understandings of AGYW 'risks' and agency, to ensure that programmes are responsive to the reality of AGYW and the contexts in which they live, and in doing so, shifting the framing of blame [7, 59]. Adopting a reparative justice approach may help to transform the public health narrative from one that focuses on individual responsibility and behaviour change to one that recognises the systemic factors that hinder or enable sexual and reproductive health and well-being [22]. Our findings highlight the complexity of framings of blame attribution for pregnancy amongst AGYW in South Africa, and how central these framings are in our response as researchers, communities, parents, healthcare providers and policy makers. The framings of current interventions may indeed be inadvertently reproducing these narratives of blame for teenage pregnancy on AGYW through the sustained emphasis on individual behaviour change.

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Author contributions

ZD was PI on study, lead analyst, lead author BB analysed data, reviewed and contributed to manuscript CF reviewed manuscript KB reviewed manuscript KJ is co-investigator on parent study, reviewed manuscript NS reviewed manuscript CM is co-investigator on parent study, reviewed manuscript FA is co-investigator on parent study, reviewed manuscript.

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Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate

Informed consent was obtained from all participants older than 18 years. Parent/caregiver consent was obtained together with consent from adolescents under 18 years of age. Participants from the following sample groups received R150 reimbursement for each interview they participated in: AGYW, parents of AGYW, and community members. Ethical approval to conduct this study was obtained from the Human Research Ethics Committees at the South African Medical Research Council, and the University of Cape Town (EC045-10/2021).

Consent for publication

All participants provided consent to all findings and results from the anonymised data being broadly shared and published on completion of the study.

Competing interests

The authors declare no competing interests.

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