

Health Systems Research Unit  
& Office of AIDS and TB Research

# Research Briefs

## Who is to blame for the 'problem' of teenage pregnancy?

– Framing blame in policy and practice

### SUMMARY

- The framing of pregnancy amongst adolescent girls and young women (AGYW) is predominantly negative, referred to as a "problem" in need of intervention.
- The framing of teenage pregnancy in social discourse influences the way in which 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.
- 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.
- 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 multilevel factors that enable or constrain AGYW's agency.

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### Paper that this brief is based on:

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## RESEARCH BRIEFS

- 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, empowered and responsible decisions and behaviours about their own sexual and reproductive health.

### THE ISSUE / CONTEXT / SCOPE OF PROBLEM

- South Africa has high rates of teenage pregnancy, and these rates have been increasing in all provinces over the past five years.
- The majority of the pregnancies amongst adolescent girls aged 15-19 are 'unplanned'.
- Early childbearing has negative impacts on the educational and livelihood trajectories of young women, as well as on the general health and wellbeing of adolescent girls and their infants.
- As a result of the negative framing of teenage pregnancy, pregnant AGYW receive little 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.

### RESEARCH OVERVIEW

- Data derived from 71 in-depth interviews conducted with 40 AGYW aged between 15-24 years, 24 parents/caregivers of AGYW, 5 service providers, 10 school educators, and 2 other community members.
- Data was collected in 2 communities, in 2 provinces of South Africa: Moretele in the North West province and Newcastle in KwaZulu-Natal.
- Interpretation of data drew upon blame, attribution and framing theories.



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### WHAT WE FOUND

- In the narratives of AGYW, and other community respondents in our study, teenage pregnancy was overwhelmingly framed as immoral and wrong.
- 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.
- 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 – the 4 main themes were:
  1. 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.
  2. 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.
  3. 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.
  4. the 'wrong-society' discourse, blame was apportioned to structural factors that constrain the agency of AGYW and impede their adoption of pregnancy prevention behaviours.



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### 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.
- 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.
- Problematising 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.
- 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.

### IMPLICATIONS FOR PRACTICE

- 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.



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### IMPLICATIONS FOR PRACTICE

- 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.
- 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.
- 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.
- 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.

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