

Strategies to Reduce Young Adult Pregnancy in Selected Rural Villages in Mthatha, South Africa

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Abstract

Background: Pregnancy among young adults is still a major public health issue that affects people individually, in families, and communities. It is driven by a complex interplay of socioeconomic, educational, and psychological factors that necessitate in-depth, context-specific investigation to inform targeted interventions. *Aim:* This article aims to explore the perspectives of young mothers in selected rural villages of Mthatha on strategies to reduce young adult pregnancy and to examine their views on the influence of the Child Support Grant on pregnancy decisions and maternal experiences. *Setting:* The study was conducted in rural villages surrounding Mthatha, a region characterised by high unemployment, poverty, and limited access to health and educational resources. *Methods:* A qualitative research design was employed. Data were collected through in-depth, semi-structured interviews with young women who had experienced pregnancy. Participants were recruited using a snowball sampling strategy. Thematic analysis was used to interpret the data, focusing on recurring patterns and significant themes. *Results:* The need for early and thorough sexual education, better access to contraception, and parental involvement in sex education are just a few of the methods that participants indicated as being necessary to prevent young adult pregnancy. The importance of community support, youth engagement initiatives, and awareness campaigns in fostering informed decision-making and postponing early sexual activity was also stressed. Furthermore, the results showed that many participants did not consider the Child Support Grant to be a driving force behind pregnancy, pointing out that it was insufficient to cover all the expenses associated with raising a child. Although a small percentage of respondents agreed that extreme poverty might affect some young women's choices, more general issues like peer pressure, emotional fragility, and a lack of sexual health education were more frequently mentioned as causes of early pregnancy. *Conclusion:* According to the study's findings, preventing young adult pregnancy necessitates a multifaceted strategy that incorporates socioemotional support, accessible contraceptive options, parental and community involvement, and thorough sexual education. Early pregnancy is mostly caused by educational, social, and psychological vulnerabilities rather than the Child Support Grant, even though it offers young mothers crucial support. *Contribution:* This study provides context-specific information about young mothers' perspectives and reproductive experiences in rural Mthatha. It advances an ecohumanist understanding of how familial dynamics, emotional needs, and institutional injustices interact to influence reproductive decision-making by elevating the voices of young people. The results lay the groundwork for inclusive policy frameworks and community-based initiatives that support young women's dignity, equity, and informed agency.

Keywords: *Young adult pregnancy; Child Support Grant.*

Introduction

In South Africa, young adult pregnancy is a major public health and socio-developmental issue, especially in rural and underdeveloped areas. Despite national frameworks prioritising measures to increase access to sexual and reproductive health (SRH) services, young women between the ages of 18 and 25 continue to experience this phenomenon with notable severity (Mabunda, 2021). This reality is reflected in the Eastern Cape, particularly in the rural areas around Mthatha, where poverty, a lack of infrastructure, and societal norms all work together to limit young people's agency and reproductive autonomy. Within that context, this study addresses a request for more in-depth research on youth-centred viewpoints about preventative tactics and the structural factors that influence reproductive decisions, such as the impact of the Child Support Grant (CSG).

Teenage and early adult pregnancies continue to be strongly associated with poor educational results, intergenerational poverty, and increased emotional distress despite extensive policy and program initiatives (Grant & Hallman, 2008; Mchunu et al., 2012). The opinions of people who have been most directly affected by young mothers themselves are frequently left out of discussions about the causes and effects of early pregnancy, which leads to assumptions that might not be in line with lived experiences. The long-held

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notion that the CSG encourages teenage girls to become pregnant is one example of such a misconception. Although widely held in public discourse, this view lacks sufficient empirical backing and still frames young women's reproductive choices in terms of opportunism rather than structural vulnerability (Hallman, 2005; Naong, 2011).

The high rate of young adult pregnancy and the dearth of inclusive, youth-informed approaches to tackling it are thus the issues this study attempts to address. Furthermore, little is known about how young mothers view the CSG's position in their reproductive lives, not just as a possible source of motivation, but also as a survival strategy or structural support. A large portion of the literature now in publication ignores the viewpoints of young women in rural areas, where social and economic limitations are most severe and there are few other options for achieving financial independence and emotional support (Ngabaza & Shefer, 2020).

This study intends to investigate two main areas: firstly, how young mothers in rural Mthatha perceive possible ways to decrease young adult pregnancies; and secondly, how these women perceive the CSG's role in their maternal experiences and pregnancy-related decisions. By concentrating on participant narratives, the study aims to dispel deficit-based presumptions that pathologise youth behaviour without considering context, in addition to bringing attention to under-represented voices.

The Attribution Theory, which examines how people explain the reasons behind their experiences and behaviour, serves as the theoretical foundation for this study (Weiner, 1985). The idea enables an understanding of how young women attribute blame to themselves, their social environments, or structural conditions when it comes to the problem of early pregnancy. An ecohumanist viewpoint, which acknowledges the moral significance of hearing under-represented perspectives and acknowledging the connections between social justice, systemic welfare, and individual dignity, complements this theoretical framework. By redefining young adult pregnancy as a complex human experience enmeshed in ecological, relational, and political systems of care and neglect, ecohumanism enables us to see it as more than just a moral or personal failing.

This study is crucial for two reasons. First, by considering the lived experiences and recommendations of those most impacted, it provides useful insights that might guide provincial and municipal programs targeted at lowering young adult pregnancy. Second, by shifting away from stigmatising narratives and towards more compassionate, human-centred interpretations, it helps to theoretically and ethically reframe our understanding of young pregnancy. This article's engagement with the perspectives of young mothers is consistent with the Journal of Ecohumanism's dedication to interdisciplinary research, moral analysis, and knowledge transformation.

Literature Review

Strategies to prevent young adult pregnancy

Comprehensive interventions, including sex education, access to contraception, encouraging healthy relationships, offering support services, and addressing socioeconomic variables like education and work prospects, are all necessary to reduce young adult pregnancy (Lewis, 2018). These strategies seek to equip young adults with the information and tools they need to make wise choices regarding their future and sexual health (Morrison & Clarke, 2017). Some of the conventional and Western, and traditional strategies for preventing youth or young adult pregnancy will be covered in this section.

Western methods

Effective preventative strategies can help avoid pregnancy in young adults. Medical practitioners must create intervention programs that empower families, schools, and society to play a significant part in disseminating all the information required for sex education, claim Tsai and Wong (2019). For young people to look up to them, the component calls for parental education and awareness of sexual health issues. For society to become more accepting of sexual health issues and for them to no longer be viewed as taboo,

schools should also concentrate on offering gender-related courses and more sex education training for instructors (Tsai & Wong, 2019).

To reduce the danger of social isolation and poverty associated with youth pregnancy, the government can fund trial projects in areas with high conception rates in addition to the current policies already in place (Limmer, 2018). These thoughtfully crafted courses aim to empower young clients and support the development of young moms' maturity and self-confidence (Hawksley, 2016). Therefore, it makes sense that these kinds of treatments could assist young parents and children to avoid social isolation in the long run (Lawlor, 2017). Since young adult pregnancy is a public health concern, suitable steps must be made to prevent young parents from being estranged from their children, which could result in social marginalisation (Lawlor, 2020). Nonetheless, every government implements policies that will garner public interest and could be portrayed in the media as fulfilling performance goals that benefit society (Donym, 2018).

Health promotion strategies

Health promotion, as defined by WHO (1986, 1), is “the act of empowering people to take more ownership of their health and strengthen their health.” This approach employs several tactics to assist people and communities, such as offering a caring environment, instruction, and information on health-related topics. Ewles and Simnett (2016) assert that by empowering people, health promotion may improve the health of both individuals and communities. By focusing on safety, prevention, and health information, health promotion may improve general health and lower the risk of illness, claims Downie (2017). According to Tones and Tilford (2018), people's physical, social, economic, and cultural environments all have an impact on their health, making it more than just a personal responsibility. Therefore, a community's health is correlated with its members' health (Whitehead, 2020). The goal of health promotion is to alter all social structures, environmental factors, and governmental regulations that fuel illness and disease in communities (Whitehead, 2020).

Promoting youth sexual health can be advantageous when qualified healthcare professionals follow evidence-based guidelines and offer current, correct information (Jolley, 2019). Carter (2015) asserts that integrated nursing treatments are the only effective way to handle young adult pregnancy. To analyse, plan, carry out, monitor, and evaluate what should be provided to this susceptible segment of the population, this approach encourages a collaborative style of care in which several practitioners collaborate. Therefore, it is essential that school nurses, educators, and other organisations collaborate well and ensure parents know what the sex education programs they are interested in establishing cover (Lynch, 2018). According to Andalo (2016), one of the key elements of the approach, is that all healthcare and social care professionals, as well as youth and community service providers, acquire adequate training to satisfy the sex education needs of young adults.

Traditional methods used to prevent young adult pregnancy

Traditional ways of preventing pregnancy, which were once prevalent and successful in traditional families, have received very little attention. The abandonment of such traditional practices, ancestral wisdom, and ceremonies, according to traditional healers, leaders, and philanthropists like Ms. Andile Gumede of Isivivane Samasiko Nolwazi, an organisation devoted to reviving African culture, caused wrath to our society, bled with many social problems like illegitimate children, domestic violence, aggressive youth, and illnesses (Gumede, 2021; Mkhize, 2019; Nkosi & Zulu, 2020). These individuals think that these societal issues can be resolved by going back to their African heritage. This component of the study will discuss the traditional methods of preventing young adult pregnancy through religious events and customary practices.

Indigenous knowledge

Access to family planning using condoms and other forms of contraception, as well as educational programs, are examples of contemporary methods of reducing youth pregnancy (Mnyipika, 2014). Despite the use of these techniques, the pregnancy rate is still high. As a result of this, youth pregnancy has become a significant issue in society. Shange (2012) asserts that a child's sexual behaviour is greatly influenced by

their upbringing. This suggests that a child is more likely to delay their sexual debut and refrain from risky sexual behaviour if they have been reared in a suitable setting with communication and support, and if sexual issues are addressed. Children who grow up in a household that appreciates indigenous knowledge and practices experience the same thing. Mazibuko (2017) and Shange (2012) highlight the importance of traditional knowledge in preventing youth pregnancy. Cultural wisdom is defined by Shange (2012) and Mazibuko (2017) as the customs, norms, beliefs, and values of a traditional group. Shange (2012) claims that this alters the child's conduct and increases their resistance to the risks of STIs, HIV/AIDS, and youth pregnancy. Mazibuko (2017) characterises these practices as *ukusoma*, physical maturity examination and virginity testing, which is in line with Shange (2012). He highlights customary rituals like as *Ukukhuliswa KweNtombi*, the Royal Reed Dance Ceremony, and *Unomkhubulwane*. According to traditional leaders and healers, ignoring traditional customs has led to societal problems like sicknesses, risky sexual behaviour by young people, sexual assault, mistreatment of women, and foreign dominance (Kendall, 1999).

Virginity testing

According to Shange (2012), virginity testing, also known as *ukubhlobwa kwezintombi*, is the process by which older women examine young girls to ascertain whether they have engaged in sexual activity. To ensure virginity maintenance, virginity tests are conducted every month in scheduled camps (Mbulu, 2016). Since it determines a woman's value when a dowry (lobola) is paid for her during wedding negotiations, virginity is prized in African culture. Eleven cows is the value of a virgin (Shange, 2012). To make their parents happy and feel valuable when lobola is paid, this teaches girls the value of self-preservation. Virginity testing protects girls from unwanted pregnancies and sexually transmitted diseases, including HIV/AIDS, claims Shange (2012). Additionally, it helps identify sexual assault early. Although it is commended for its benefits, Western-influenced organisations like the Human Rights and Gender Commission also criticise it, arguing that it violates a girl's rights in the following ways:

- Her privacy is infringed.
- Those girls who have lost their virginity are ostracised and stigmatised as prostitutes.
- Males are not tested.
- Virgins are at risk of being raped by males who believe sex with a virgin cures HIV/AIDS.
- Virginity testers can spread HIV/AIDS and STIs by touching one girl and then another using the same gloves.

According to Mbulu (2016), girls who were subjected to virginity testing did so voluntarily and with appreciation. In addition to being able to discuss other sexual concerns with their peers, girls at virginity testing camps received support and encouragement from other virgins to remain virgins (Mbulu, 2016). According to Mbulu (2016), the researcher concurs that for virginity testing to be effective, it must be used in conjunction with sex education, and testers must possess a scientific understanding regarding infection control and sexual health. They must promote abstinence and comprehend the laws pertaining to virginity testing, such as the Children's Act (No. 38 of 2005). Testers must also recognise that youth physical activity, not simply sexual activity, damages and destroys the hymen and virginity. Notably, there was no victimisation when virginity was lost at virginity testing camps, and elders handled the matter appropriately.

Physical maturity examination

As explained by Shange (2012), the physical maturity assessment, also known as *ukushikila*, is a method used to assess a woman's physical maturity in preparation for courtship and marriage. She asserts that a woman with a loose belly and buttock muscles is having sex and that this process evaluates a woman's sexual experience. The woman is devalued, and her parents are embarrassed. Shange (2012) claims that this method encourages a woman to be chaste and steer clear of the stigma associated with having sex. However,

groups like the Human Rights and Gender Commission denounce it, arguing that it violates a girl's rights to privacy, dignity, and bodily integrity.

Ukusoma

Ukusoma is defined as thigh sex in which a man cannot penetrate the lady (Mbatha, 2010). This style of intercourse is also known as *ukublobonga* (Mbatha, 2010). Buthelezi, as cited by Sathiparsad and Taylor (2011, 72), claims that non-penetrative intercourse is used to satisfy a sexual need while maintaining virginity and avoiding unwanted pregnancy. Shange (2012) claims that it additionally encourages sexual knowledge and a comprehension of how the body of an individual works.

Ritual ceremonies

uNomkhubulwane

uNomkhubulwane is known as the Rain Princess (Shange, 2012). The traditional healers executed the *uNomkhubulwane* rite with virgin girls and their parents to ask for rain during the period of drought. According to traditional healers, inability to complete this ceremony has resulted in severe droughts, violent winds, and barren land (Kendall, 1999). To solve the issue, the *uNomkhubulwane* ritual must be done, in which virgin girls converse with the Rain Princess and request rain. To participate in this event, girls are encouraged to maintain their virginity and avoid undesired pregnancies, STIs, and HIV/AIDS.

Umkhosi womhlanga

The Royal Reed Dance Festival is a ritual rite held at the Royal Household with its main objective of encouraging and maintaining girls' virginity (Shange, 2012). During the occasion, girls from different areas of the country who have been checked for virginity present reeds to His Majesty as a sign of respect. The Human Rights and Gender Commission and others have again criticised this ceremony, claiming that it breaches a girl's rights, dignity, confidentiality, and physical integrity.

Ukukhuliswa

Mbatha (2010) identifies this ritual ceremony as a phenomenon that happens throughout adolescence. Adults use discussions, songs, and dances to teach teenagers about changes in their bodies, sexual issues, and non-penetrative sex (Shange, 2012). *Ukukhuliswa* signals the stage of *ukuqoma* or *ukuqonywa*, which precedes marriage. This ceremony additionally makes sure that virginity is maintained and that romantic relationships take place in an organised social setting until marriage occurs.

Traditional practices were critical in preventing youth pregnancy and guaranteeing that adolescents grew up to be married parents without the complications of illegitimate children (*imilanjwana* and *namavezandlebe*) and sexually transmitted illnesses. Traditional approaches and practices emphasised the necessity of education for youngsters in avoiding these issues. Discarding traditional practices has culminated in today's high rates of unplanned pregnancies, STIs, and HIV/AIDS epidemics. Western approaches to avoiding these problems must draw on traditional practices.

Based on the findings above, there is a clash between so-called progressive South African groups, such as the Human Rights and Gender Commission and indigenous knowledge and tradition. These organisations claim that tradition, indigenous knowledge, and traditional practices undermine a girl's rights, privacy, dignity, and bodily integrity. It is contradictory that, under the Children's Act 38 of 2005, children as young as 12 can legally choose on sexual matters and access contraception on their own, yet to participate in virginity testing, they must be at least 16 years old. These cultural behaviours have withstood the test of time since there was a slight youth pregnancy or STI epidemic in the beginning.

Studies on the relationship between youth pregnancy and child support grant

The CSG was formed in April 1998 as a replacement for the Old State Maintenance Grant. The establishment of a social grant for children was largely designed to assist children from families with low incomes. It was initially established for children below the age of 7 and has subsequently been steadily extended to include 18-year-olds. The CSG currently costs R520 per month per child. Since its inception, the number of children receiving the grant has risen dramatically (Makiwane et al., 2006). The CSG supports 15 million individuals and is, consequently, the state's primary welfare program. It is now the most effective poverty-reduction strategy (Triegaardt, 2019). According to Mkhize (2019), the CSG is paid to a primary care provider. A main carer is a family member or other person who oversees a child's daily needs.

South Africa has one of the worst youth pregnancy rates in the world. However, the origins of this problem are commonly misunderstood and laced with biases and preconceived notions about young women. Simultaneously, a significant negative debate has erupted in South Africa, with many claiming that the CSG has improper incentives. It is argued that the CSG pushes young people to have more children so that they are eligible for the grant. According to Goldblatt (2020), many individuals believe that the grant motivates youth pregnancy and that females who have infants are eligible for the money. As a result, the general public feels that mothers abuse the money by wasting it on alcohol, lottery tickets, and other pleasures such as lipstick, mobile phones, and clothing for their own use rather than for their kids (Goldblatt, 2020).

The CSG appears to be mostly used for consumption and, to a lesser extent, for child education (Delany et al., 2018). In other words, young females purposefully get pregnant to obtain the grant and then spend it recklessly rather than feeding their children. As a result, Lloyd (2019) underlined the CSG's objectives in his study, allowing impoverished children more access to the country's security system. As a result, Lloyd (2019) suggests a decent child grant to help those in need, regardless of family structure, custom, or ethnicity.

Case et al. (2019) utilised longitudinal data obtained from the Africa Centre for Health and Population Studies to assess the magnitude and impact of the South African CSG. According to Case et al. (2019), the grant has been utilised by one-third of all age-eligible resident children, and it appears to be reaching children living in less fortunate households in the demographic monitoring region. Children who receive the grant are significantly more likely than equally impoverished children of the same age who do not get the money to start in school in the years following grant receipt. Whereas elder siblings of grant recipients were detected at younger ages, they were less inclined to be enrolled in school compared to other children, presumably suggesting higher poverty in grant-recipient households. As a result, the grant appears to help reduce the consequences of poverty. In their investigation, Case et al. (2019) revealed that the CSG had a positive impact. However, the study's findings are limited because it only examined impoverished homes that received the CSG.

Kutu (2009) investigated young adults' attitudes towards premature pregnancy and provided remedies. According to the conclusions of Kutu's (2009) study, 53% of participants believe that the CSG is one of the reasons that contributes to the high prevalence of pregnancy. Kutu's (2009) research provides some insight into this challenge.

Kutu's research focused on several factors that may contribute to youth pregnancy. Significant associations were identified between youth pregnancy and other important variables. According to Kutu (2009), young adult pregnancy is triggered by several factors apart from the CSG. Participants in semi-urban schools believe that explicit movies and television shows have a significant influence on the high occurrence of youth pregnancy, whereas 53% of semi-rural school participants believe that social assistance plays an important role in youth pregnancy.

Another work to mention is that of Naong (2011), who investigated learners' views of increased learner pregnancy and the effect of CSG in South African secondary school settings. Naong's research had two objectives: firstly, to investigate whether there had been a rise in learner pregnancy in South African schools,

and secondly, to assess whether CSG was a factor contributing to the rise in learner pregnancy. The poll participants included secondary and primary school principals and Grade 12 students.

Considering the above, principals were selected from Mpumalanga, the Northern Cape, and the Free State Province. Respondents were selected from six secondary schools in Bloemfontein, Free State. The findings of Naong's study clearly contradict the notion that learner pregnancy is on the rise in South Africa (Naong, 2011). In addition, the findings contradict the notion that the CSG has an immediate connection or relationship with learner pregnancy (Naong, 2011). The current study intentionally used non-probability sampling methods. In this study, mainly young mothers who receive the CSG were included. Naong's (2011) research focused on school principals who did not receive the grant. However, it is important to note that the participants in Naong's study may be considered more neutral because they did not receive the CSG.

According to Mokoma (2008a), there is a common assumption in South Africa that young adults get pregnant with the goal to qualify for social assistance to get them out of poverty. According to Mokoma (2008a), 15.5% of young individuals got pregnant to be eligible for the CSG. Young adults were required to participate in partnerships in which contraception was commonly ignored (Makiwane et al., 2006). Mokoma's results depend on a study of CSG in the youth pregnancy rate in South Africa. Mokoma (2008b) obtained data through both quantitative and qualitative methods. The study collected qualitative data through in-depth face-to-face interviews. The interviews were conducted with young individuals who had children and were getting CSGs for them, and with those who were pregnant.

Furthermore, to determine if CSG receipt influences youth pregnancy, the quantitative technique used 23 data sets from various sources. Mokoma's (2008b) approaches encouraged researchers since triangulation supports the reliability of results by enabling the study to demonstrate that the same findings obtained through the quantitative method are also possible to obtain qualitatively.

Additionally, the focused interview is important to Mokoma's (2008b) research, but due to time constraints, the researcher failed to administer the relevant questionnaires and carry out interviews concurrently. Triangulation may aid in the first objective of the study, which is to show the connection between the CSG and youth pregnancy, as the researcher can obtain the opinions of the participants through interviews. This could help ensure that the present study's results are reliable.

The results of Mokoma (2008b) may be stated as follows. Quantitative research shows no link between the CSG and young adult pregnancy. The qualitative data analysis, on the contrary, suggests that young adults are mindful of the difficulties of raising a child, especially when at school. Mokoma (2008a) notes that this produces despair among young mothers because some of them need money for school fees, uniforms, and other personal expenses. According to the conclusions of this survey, some respondents take advantage of the CSG.

According to Goldblatt (2020), South Africa was already experiencing a high youth pregnancy rate among Africans prior to its adoption of the CSG. As a result, Goldblatt believes there is no proof to indicate a link between the two factors, but many years have elapsed since the studies were carried out. In the case of the CSG, it is compelling to conduct research to support or dispute popular belief. Maliki (2018) believes that young adults from economically disadvantaged families or communities are more inclined to become pregnant. The question of whether young people purposely get pregnant to benefit from the CSG can be raised. The role of intention in youth pregnancy has been extensively contested. The CSG has been praised in South Africa as one of the country's biggest accomplishments in poverty alleviation (Lloyd, 2019). Many South Africans are helped by social assistance services, which include cash transfers. The CSG also gives financial aid to carers of children living in severe poverty (Heijstek, 2012). These findings are consistent with Mqadi's (2020) research, which discovered that the CSG was perceived as one means to enhance family income and served as a motivation for young adults to contribute through childbearing.

Research Methods and Design

Design

The interpretivist paradigm, which prioritises comprehending participants' lived experiences through their subjective meanings, served as the foundation for this study's qualitative research approach (Alharahsheh & Pius, 2020). The interpretivist approach enabled the researcher to examine social phenomena in a comprehensive and contextualised manner, which is especially appropriate for investigating young mothers' opinions on methods to decrease young adult pregnancies as well as their perceptions of the impact of the CSG on maternal experiences and pregnancy choices. The study used a qualitative case study design within this paradigm, which allowed for a deeper comprehension of people's experiences in their natural environments (Hancock et al., 2020). To examine the parallels and discrepancies in the accounts of young adult women who had been pregnant in rural Mthatha, the case study methodology was selected.

Setting

Three rural villages in the Mthatha area of the Eastern Cape Province of South Africa were selected, and Bongweni, Zimbane, and Cicira were the focus of the study. High rates of youth unemployment, restricted access to high-quality health and education facilities, and extreme poverty are characteristics of these areas. They are especially susceptible to high rates of young adult pregnancy and the related socioeconomic difficulties because of these structural factors (Mabunda et al., 2021).

Population and sampling

Young female adults between the ages of 18 and 25 who were either pregnant or had previously been pregnant and who lived permanently in the chosen villages were the target group. Snowball sampling, a non-probability technique perfect for reaching sensitive or difficult-to-reach populations, was the sample strategy used (LeBlanc et al., 2023). Community contacts were used to find the first participants, who were then asked to recommend other people who fit the inclusion requirements. A total of 11 individuals were interviewed, and data was gathered until theoretical saturation occurred, that is, until no new themes surfaced (Daher, 2023).

Data collection

To gather data, organised in-person interviews were conducted under the direction of an interview schedule made up of open-ended questions intended to elicit detailed answers. After being done in isiXhosa, the interviews were then translated into English. To improve the interview guide's clarity, logical flow, and cultural suitability, a pilot study involving two participants was carried out. Before the primary data collection, changes were made to the question phrasing and flow based on the pilot study's findings (Aziz & Khan, 2020). With the participants' permission, audio recordings of each interview, which lasted 40–60 minutes, were made. Consistency was maintained while allowing for natural elaboration and probing by asking participants the same questions in the same order.

Data analysis

Thematic analysis, a popular technique in qualitative research that entails finding, examining, and summarising themes in the data, was used to analyse the data (Campbell et al., 2021). After reading the transcribed interviews several times, to make sure they were familiar, recurrent phrases and meanings were manually coded. Thereafter, the codes were grouped into broad themes and groups that represented both latent and manifest content. Thematic analysis offers versatility, but it also has drawbacks, including subjectivity and the possibility of inconsistent interpretation (Nowell et al., 2017). Thorough note writing, researcher reflexivity and regular rechecking of coded data for coherence were used to overcome these restrictions.

Trustworthiness

Participants were urged to give truthful, impartial responses to establish credibility, and the researcher employed member checking to verify the precision of the meanings that were interpreted. The provision of detailed accounts of the participants' backgrounds and experiences bolstered transferability (Lincoln & Guba, 1985). Maintaining a reflective journal and keeping researcher bias aside from participant narratives allowed for confirmability, while a thorough audit trail recording every decision taken during the research process ensured dependability (Shenton, 2004). Due to the qualitative nature and scope of the study, triangulation was not used.

Ethical considerations

The King Sabata Dalindyebo Local Municipality (KSDLM) granted permission to conduct research in the chosen villages, and the Walter Sisulu University (WSU) Research Ethics Committee granted ethical clearance for the study. Every participant gave their informed consent, and their freedom to discontinue participation at any time was upheld. All identifying information was eliminated from transcripts, and pseudonyms were used to maintain confidentiality. Digital material was safely saved on password-protected devices, and interviews took place in private settings. Only the researcher had access to hard copies of the consent forms, which were kept locked in a secure filing cabinet. The study was carried out only for scholarly purposes and complied with the ethical precepts of autonomy, beneficence, non-maleficence, and fairness.

Results

Characteristics of participants

Eleven young women, all between the ages of 18 and 25, who had all experienced an early pregnancy, participated in the study. Most had finished secondary school (Grade 12), and two had earned a certificate or diploma. Only one individual had two children, while the majority had just one. Interestingly, a large number of them were still pursuing their education in spite of the difficulties of motherhood, demonstrating a resolve to continue learning in spite of parental duties.

Strategies for reducing young adult pregnancy

Community support

The significance of social support in reducing unplanned pregnancies was underlined by the participants. As expressed by one participant (Participant 1, 23 years), "They should get support from the community, like helping them to stop thinking that men are their only solution." According to this perspective, to change young people's perspectives and broaden their networks of social support, locally based interventions are required.

Comprehensive sex education

Several participants emphasised the significance of thorough and early sexual education. One participant stated, "We need to start teaching them about sex from as early as 12 years... build trust between them so that young girls can be free to ask anything" (Participant 11, 25 years), while another said, "Give out more knowledge on youth pregnancy and more talks about sexual matters" (Participant 3, 24 years). Age-appropriate and family-inclusive teaching methods are recommended by these comments.

Access to contraceptives

Several participants brought up the need for both access to contraceptives and training on how to use them. Participant 9 (18 years) stated, "Teach young girls how to use contraceptives," and Participant 7 (22 years)

advised, “Use contraceptives such as condoms, vaginal rings, birth control pills... every time you have sexual intercourse.” The desire for useful, rights-based reproductive health services is reflected in this.

Promotion of abstinence

Abstinence was seen by several participants as a practical preventive measure. Participant 5 (25 years) responded, “Abstinence and contraception education.” Participant 10 (21 years) stated “Abstinence”. This indicates the perceived moral and practical worth of abstinence.

Parental involvement

It was emphasised how crucial it was for children and their parents to have open discussions about sex. “In order for young girls to feel comfortable asking any questions they may have about sex without fear of judgement, parents must be the first to raise the topic with them and establish trust” (Participant 11, 25 years). This implies that parents and guardians should be empowered to take an active role in educating young people about sexual health.

Community programmes

One participant promoted youth involvement programs in the area. Participant 4 (24 years) stated, “Introduce community programs that keep them busy and prevent them from thinking about dating and having sex.” Sports, career training, and mentoring were viewed as constructive substitutes for early sexual contact among young people.

Awareness campaigns

Widespread initiatives to inform young people about the dangers of pregnancy were suggested by the participants. Participant 2 (23 years) stated that “Free pregnancy education for young girls is necessary”, while Participant 6 (25 years) stated that “Young girls must be taught about the negative effects and delays caused by youth pregnancy.” These programs should be community-driven, school-based, and media-supported.

Perspectives on the child support grant and pregnancy

The CSG grant is not a motivating factor

The idea that the CSG encourages young girls to get pregnant was rejected by many participants. “Youth pregnancy is a painful experience... More is needed to raise a child than CSG can provide (Participant 1, 23 years). Several of them stressed that CSG was not enough to support a child, instead focusing on the role of sexual abuse, peer pressure, and ignorance about sexual health.

Alternative motivations for pregnancy

Personal circumstances were mentioned by a few participants as the reason for their pregnancy. “Because I’m not doing it for the grant... it was a mistake at first” (Participant 8, 24 years) and “I fell pregnant because of something other than the grant” (Participant 2, 23 years). The intricacy of reproductive decision-making is reflected in these answers.

CSG as financial relief

A minority stated that some people may perceive CSG as financial relief because of economic hardship. “Being pregnant is the only way to help out at home if the struggle is getting out of control” (Participant 5, 25 years). This emphasises the systemic vulnerability that young people in low-income homes face, even though it is not a majority opinion.

Willingness to parent without the grant

Participants gave a range of answers when asked if they would still have children if CSG did not exist. “Yes, because it is a natural thing... we have to have a family,” claimed one participant, who is 23 years old. “No, because people won't be able to take care and provide for their children,” indicated another participant (24 years), who gave financial justifications for their decision to abstain. “I would only give birth when I am financially able” was the conditional response provided by one participant (Participant 9, 18 years).

Use of the grant

The CSG was mostly utilised by participants for necessities. “Even basic necessities like food are insufficient” (Participant 1, 23 years). Others mentioned infant care products, including clothing, nappies, and milk formula. Typical answers were “I can purchase baby food and clothing” (Participant 7, 22 years) and “I can purchase baby milk formula and nappies” (Participant 2, 23 years).

Reliance on CSG

Most participants said they could not have taken care of their children without CSG. “I couldn't have provided for my child... I don't make any money from any other sources” (Participant 3, 24 years). However, one respondent claimed to have found work and said, “Yes, now that I have a job” (Participant 2, 23 years).

Discussion

Strategies for reducing young adult pregnancy: a community-centred approach

The necessity of an integrated, multifaceted approach to the problem of early pregnancy that is based on community, family, and youth engagement was stressed by the participants. The provision of thorough, early, and culturally sensitive sexual and reproductive health education was the most important of the suggested interventions. This is consistent with global research showing that early sex education that covers consent, contraception, and communication greatly lowers the number of adolescent pregnancies (Mabunda et al., 2021; UNESCO, 2021). Given the early commencement of sexual behaviour among young people in under-resourced settings, the emphasis on beginning such instruction at age 12 is indicative of this.

The study's young mothers also demanded easier access to contraceptives and useful advice on how to use them. This is in line with research by Mchunu et al. (2012), who claimed that a recurring obstacle to prevention in rural South African settings is the lack of knowledge and accessibility of contraceptive techniques. Participants in the study endorsed the inclusion of abstinence as a legitimate option, not in isolation but rather as a component of a broader framework of reproductive agency, an approach that strikes a balance between informed decision-making and ethical care.

Most importantly, the results clarified the function of parents and other carers. Many participants indicated that to foster healthy sexual development and shape values, parental engagement was crucial. This is consistent with the ecological systems theory of Bronfenbrenner (1979), which acknowledges the family as the main location for early socialisation. It takes deliberate, ongoing investment to foster trust and communication in the home, where ecohumanist involvement becomes crucial, to break intergenerational silences surrounding sexuality.

The significance of youth empowerment initiatives, such as those that provide sports, career training, and artistic outlets, was also emphasised by the participants. These initiatives can boost aspirations, decrease boredom, and redirect energy towards constructive growth. This is in line with the suggestions made by Bhana et al. (2019), who contend that encouraging positive life choices and questioning gendered expectations can be achieved through community-based programs that develop youth agency.

Lastly, it was determined that raising knowledge of the dangers and realities of early pregnancy was essential to changing attitudes and educating adults and children alike. To guarantee relevance, ownership and sustainability, these programs should be driven by young people and run in schools, clinics, and local media outlets.

The child support grant: Perceptions and realities

The second objective of the study was to investigate how young mothers interpreted the CSG. The results refute the widely held belief that the CSG encourages pregnancy. Many participants vehemently disagreed, pointing out that the grant was insufficient to cover all of the expenses associated with raising a child. Studies such as Naong (2011) and Mokoma (2008a), which revealed no connection between intended pregnancies and social aid access, lend credence to their viewpoints. Rather, individuals identified peer pressure, emotional fragility, inadequate educational opportunities, and socioeconomic precarity as the main reasons influencing their pregnancies.

Nonetheless, a small minority did indicate that the grant might be viewed, incorrectly or correctly, as a potential survival strategy in situations of extreme poverty, where homes are led by grandparents or have no steady source of income. This ambivalence refers to the severe structural circumstances surrounding reproductive decision-making rather than the mother's moral character. While outside observers may interpret pregnancy as opportunistic, those who are affected interpret it within a framework of survival, relational longing, or even the innate desire to start a family. This is where the Attribution Theory comes in handy in shedding light on how people give meaning to their circumstances.

Crucially, participants recognised the grant's postpartum supporting role. Many claimed they would find it difficult to provide children with food, nappies, and basic care without it. However, they also acknowledged its limitations and frequently added unpaid labour or family assistance to it. This demonstrates that although the CSG is essential to maintaining maternal care, it does not cause pregnancy; rather, it acts as a safety net when there is a lack of more extensive systemic assistance.

Ecohumanist reflection and theoretical insights

A more in-depth moral analysis is encouraged by an ecohumanist interpretation of the results. The need for care, inclusion, and dignity, qualities that are frequently missing from policy discussions surrounding adolescent pregnancy, are at the heart of young women's stories. The ecohumanist perspective prioritises relational welfare, youth voice, and communal solidarity over deficit-based interpretations. This research adds to an expanding corpus of work that supports human-centred and justice-oriented reproductive health interventions, particularly for individuals living in rural and economically marginalised areas (Ngabaza & Shefer, 2020).

When combined with ecohumanist principles, the Attribution Theory aids in examining both the systemic and personal aspects of young parenting. When participants blame emotional neglect, carelessness, or educational deficits for their pregnancy, we also need to consider the larger social ecology that either facilitates or hinders the closure of these gaps.

Limitations and considerations

The study's geographical focus and sample size are its limitations. Since only a few rural villages in Mthatha were used to collect the data, the results may not apply to other rural or urban areas. A more comprehensive picture of reproductive dynamics could be obtained by interviewing male partners, carers, or medical professionals as well as young mothers. In addition to examining the role of intersecting characteristics, including gender identity, disability, and migrant status, future research should strive for greater demographic and geographic variety.

Implications for policy and practice

The results point to the necessity of a multi-sectoral strategy that incorporates fresh perspectives into policy and program design. Universal access to contraception, increased and localised sexual health education, and assistance for parents to effectively mentor their children are all necessary. Even though it does not promote conception, the CSG is nonetheless a lifeline for young mothers and ought to be supplemented with programs for childcare assistance, educational reintegration, and economic empowerment.

Conclusion

This study has shed light on the varied viewpoints of young mothers in rural Mthatha regarding methods to prevent pregnancies and the perceived influence of the CSG on reproductive choices. According to the findings, young adult pregnancy is not solely the outcome of personal preference but rather arises from a combination of structural inequality, emotional deprivation, social vulnerability, and inadequate access to comprehensive sexual education. The CSG was positioned as a vital, albeit inadequate, form of postnatal support, and participants strongly dismissed the notion that it encourages pregnancy.

These revelations urge a rethink of how society views youth reproductive health from an ecohumanist standpoint. The emphasis must be on creating enabling conditions that promote care, dignity, and informed agency rather than pathologising or moralising young mothers. This means addressing the emotional, cultural, and ethical aspects of early motherhood in environments characterised by poverty, neglect, and marginalisation, in addition to material circumstances. Young mothers' voices must be respected and given priority in any program or policy that promotes reproductive justice.

Recommendations

Based on the findings, the following recommendations are proposed to inform future interventions, policymaking, and research.

a) Integrate early, comprehensive sexuality education

Sexuality education that is inclusive, age-appropriate, and starts before adolescence must be implemented by schools and community-based organisations. This should cover relational values like consent, emotional self-awareness, and communication skills in addition to reproductive biology. To guarantee relevance and validity, curricula should be co-designed with the youth and locally modified.

b) Improve access to contraceptives and reproductive services

Particularly in remote locations, health systems must provide access to youth-friendly, nonjudgmental contraception services. This includes educating community health professionals to offer correct information and helpful counselling, as well as mobile health units and clinics located in schools.

c) Promote parental and intergenerational dialogue

Support is necessary for parents and other carers to have truthful, productive discussions with their children about sexuality. The government and non-governmental organisations should fund culturally based parenting education initiatives that tackle the generational transfer of shame and secrecy surrounding sexual health.

d) Support youth empowerment and community engagement

Funding for youth development initiatives that offer mentorship, leadership opportunities, and training in life skills should be increased by local governments. Youth hubs and other safe spaces can help vulnerable youth feel less alone and hopeless by encouraging peer support.

e) *Reframe and strengthen the child support grant policy*

For many young mothers, the CSG is still a vital survival tool even though it is not a cause of pregnancy. Its importance in providing childcare should be acknowledged by policymakers, who should then augment it with wrap-around services like daycare centres, parenting classes, and re-entry routes into school and job opportunities.

d) *Promote justice-focused, ecohumanist research*

To provide an accurate understanding of youth pregnancy, future research should incorporate a variety of participant voices, especially those of young fathers, grandparents, and medical professionals. Examining the connections between reproductive experiences and more general ecological and socio-political elements like migration, food insecurity, and climate stress is also necessary.

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