



Chapter 6

Multilingual communication, Multimodality and Multivocality as Enablers of Information Access: Teenage Pregnancy Interventions in South Africa and Lesotho

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Abstract

The deluge of teenage pregnancies has become a global concern given the many challenges that are associated with teenage pregnancy. The escalating trends of teenage pregnancy in the Southern African Development Community (SADC) region and other countries on the African continent have brought to light the need to rethink ways in which communication strategies on sexual health and reproductive rights can be designed to effectively “speak” to the youth and address their needs. In particular, there is a need to focus on multi-faceted inclusivity to address all sectors of the youth population. Most of the available communication interventions have been informed by scholarly theoretical frameworks, global guidelines, national and regional strategies and have used tools and platforms that do not appeal to the youth. They have also overlooked the value of co-creation with the target communities and the incorporation of indigenous knowledge and languages. This is despite the well-known multilingual nature of African communities and the widely acknowledged socio-economic and social dynamics of information access in Africa. This chapter explores some of the characteristics of an effective teenage pregnancy intervention strategy. It looks specifically into how the lenses

of inclusivity, multivocality and co-creation can be harnessed to enhance the reach and impact of messaging in these strategies, drawing examples from Coronavirus 2019 disease (COVID-19) communication experiences in Lesotho and South Africa.

Introduction

The Southern African region is marked by some of the highest adolescent pregnancy rates. Kassa et al. (2018) note that one in four women between the ages of 20 and 24 years bears a child before the age of 18. A UNICEF report (UNICEF, 2020:5) indicates that many adolescent girls and young women aged between 15 and 24 become vulnerable to unplanned pregnancy, and complications related to early pregnancy and childbirth. Common complications of early motherhood include poor maternal and child health as well as higher levels of maternal mortality. While there are many factors that contribute to teenage pregnancy, it has become apparent that ineffective sexuality education and compromised access to information on sexual reproductive health services are key. Various communication interventions have been implemented (Mabeleng, 2019; Letsie, 2021; Reddy et al., 2021), but the scourge of unplanned teenage pregnancy continues to escalate, implying that there is a critical need for more strategic innovations and critical thinking in developing communication interventions for the youth.

In Lesotho particularly, teenage pregnancy is higher than in most countries in the region, estimated at 19%. 56% of these pregnancies are unplanned and they occur amongst women of 15 to 19 years old. This is attributed to various factors, including limited access to and use of sexual and reproductive health services and contraceptives amongst sexually active adolescents. These adolescent pregnancies result in poor educational, physical, economic, and emotional outcomes. These already-existing outcomes are further exacerbated by high levels of stigma and discrimination that is rife in communities, schools, and at homes. Similarly, South Africa has been experiencing escalating trends of teenage pregnancies, especially during the COVID-19 pandemic. Recent reports show that a total of 33,899 births occurred to mothers aged 17 years and younger in South Africa (StatsSA,

2020). This included over 600 children aged 10 to 13 years who gave birth in 2020. Several studies have noted a wide range of health, psycho-social and socio-economic challenges that emanate from teenage pregnancy. A study by Essome et al. (2020) cites health conditions such as toxæmia, anaemia, nephropathy and depressive disorders as possible risks for teenage mothers, while their babies are more prone to conditions such as low birth weight, foetal distress, and neonatal asphyxia. Other socio-economic challenges such as school drop-out have been cited in other research.

Some of the factors that have been found to compound this problem have been noted as multiple sexual partners (Rohmah et al., 2020) poverty and unemployment (Odimegwu & Mkwanaenzi, 2018) as well as peer influence and pressure (Kanku & Mash, 2010). Regardless of the compounding factors, there is a general consensus that teenage pregnancy is a societal concern that requires a multi-sectoral approach, as noted by Kwacha et al. (2023). Very often, teenage pregnancies are unwanted, and research over the years has consistently shown that a large proportion of them lead to unsafe abortions in an attempt to escape social stigma (see, for example, Fawcus, 2008; McCarthy et al., 2014; Espinoza et al., 2020). This creates further complications for young mothers and in some cases leads to fatalities.

Developing comprehensive sexual health education programmes needs to be done in careful consideration of the fact that in southern Africa access to information is compromised by high levels of poverty, inequality, and unemployment. Programmes should also consider the dynamics of the well-documented digital divide, which refers to the unequal access to and utilisation of digital technologies amongst people of different economic classes (Wang et al., 2023). Added to this problem are high levels of misinformation (SAMRC, 2021) on sexual reproductive health, often easily disseminated and accessed through social media. Research shows that a plethora of novel health education and health promotion delivery mechanisms have so far been tested and implemented. These include using social media or cell phones to communicate with pregnant teenagers; transmitting

reminders about antenatal clinic appointments, and providing relevant health education messages, as well as programmes that capacitate healthcare workers who interact with the pregnant teenagers. The ‘MomConnect’ (DoH, 2024) initiative in South Africa, for example, supports maternal health through the use of cell phone-based technologies integrated into maternal and child health services. According to Sewpaul et al. (2023), the programme uses texts sent via short message service (SMS) to communicate messages about pregnancy and appointments to pregnant women registered on the service. One of the noted strengths of this programme, especially for pregnant teenagers, is that it leverages the increased uptake of cell phone technologies amongst young people, who are a fast-growing population of cell phone users in South Africa.

While these initiatives have been lauded for their success, most of them target teenagers who have already fallen pregnant. There is still a glaring gap in the development and implementation of initiatives that are aimed at combatting these pregnancies before they happen, and there is also a need to co-create interventions with the target audiences, who are teenagers in this case. This chapter explores some of the key characteristics that can potentially enhance the reach and uptake of a teenage pregnancy communication campaign. The chapter discusses the role of intergenerational conversations and multilingual practices in the development and implementation of these strategies. The chapter also explores how multivocality and co-creation can be harnessed to enhance the reach and impact of messaging for teenagers, drawing examples from COVID-19 communication experiences in these two countries.

Literature Review

Characteristics that define effective teenage pregnancy programs

The available literature provides evidence of a set of characteristics that set effective interventions apart from others. One of these characteristics is the use of socio-ecological approaches that

address all the factors that account for teenage pregnancy and adopt innovative ways in which the youth can be engaged (Ezenwaka et al., 2020; Tebb & Brindis, 2022). These interventions are based on a holistic understanding of factors that account for teenage pregnancy, as well as systematic assessments of ways in which these pregnancies can be combatted. These factors can include macro-level issues such as the availability of enabling policy frameworks and systems, available information-sharing systems, cultural barriers, and enablers, as well as micro-level issues such as the influence of interpersonal relationships and the socioeconomics of access to information. As part of this ecology, the potential fathers also need to be considered. By paying attention to the local contours of sexuality and the operation of sexuality in different contexts, interventions may have better chances of success in addressing the issue of unplanned teenage pregnancies because they are based on a holistic understanding and are adequately contextualised (Mvune et al., 2019:158).

Stakeholder Inclusive Approaches within Prevention Programmes

Approaches that encourage teenagers to participate in comprehensive adolescent pregnancy prevention programmes and co-create information about the dangers of adolescent pregnancy with them have proved to be effective (Wright et al., 2019). Such approaches amplify the voices of the affected population and encourage peer-to-peer information dissemination. Co-creating content with the affected population makes it easy to develop targeted information and use relevant engagement tools and platforms for that specific audience. Research provides useful information on trends and patterns that can inform strategies, as well as effective messaging on topics such as reducing early sexual activity, reducing unprotected sex, and providing access to sexual and reproductive health services. This information can better be co-developed and effectively disseminated by peers who have the same experiential knowledge and share a context with the target group. With these peer-learning approaches, behaviours such as consistent condom use and use of other contraceptives, seeking information on comprehensive life skills and sexual

health education, and negotiating safer sex with partners can be enhanced.

Peer-led Participation and Multifaceted Prevention Programmes

Peer-led counselling, sexual and reproductive health education, and contraceptive availability have also been found to be effective in increasing adolescent knowledge about sexual health and contraceptive use, thus decreasing adolescent pregnancy (Salam et al., 2016). The value of one-on-one peer counselling sessions is that they become a communication platform that allows for engagements and for the target teenagers to enquire about some of the pertinent issues that they would not have been able to talk about with adults. Counselling performed by peers who have had the same experiences has been found to be a useful tool in HIV/AIDS contexts (Gusdal et al., 2011).

There is strong consensus that effective teen pregnancy prevention strategies should be multifaceted, focusing on delaying sexual activity, especially in younger teens, while promoting the consistent and correct use of effective methods of contraception for those youth who are or plan to be sexually active. In Mississippi, Williams et al. (2015) carried out research exploring effective after-school programmes that can deter students from getting into risky sexual behaviours. They argued for the incorporation of a multifaceted model that includes academic enhancement, recreational activities as well as curriculum-based sex education to curb risky sexual behaviour and teenage pregnancy. For Golman et al. (2019), a multifaceted programme that includes addressing subjective norms, increasing awareness about teen pregnancy rates in communities, educating parents and key stakeholders, and improving policies to support teens and address teen pregnancy-prevention barriers would be more effective. These multifaceted interventions prove successful because they address different layers of the teenage pregnancy problem.

Reflective Prevention Programmes

Developing an effective teenage pregnancy strategy also requires careful reflection and consideration of the theoretical tools and assumptions offered by perspectives of risk and crisis communication theories which describe communication content and practices in relation to the sociological context (Charles et al, 2016), and people's perceptions of their susceptibility to risk. According to Bourrier (2018), "risk communication addresses the risk to a particular condition in relation to future consequences of the condition often before the crisis happens on the one hand. Crisis communication, on the other hand, is an on-going process that occurs during the actual crisis" (Bourrier 2018:3). Effective risk communication increases communities' awareness of their exposure to risk and their vulnerabilities, and also informs them what specific prevention, mitigation and preparation measures they could take. By contrast, ineffective risk communication can lead target audiences to either underestimate risks, which may result in them taking insufficient precautionary measures, or to overestimate them, leading to sub-optimal allocation of resources (Höppner et al., 2010).

These perspectives offer a lens to investigate the value of basing a teenage pregnancy intervention on sound theoretical frameworks. This set of key characteristics is not comprehensive, but it is an indication that developing a communication intervention to combat teenage pregnancy requires critical thought and a deep understanding of the target community. As noted in Maluleke and Troskie (2003), education about sexuality needs to address the multi-dimensionality of a person, including the biological, socio-cultural, psychological and spiritual, as well as the skills to communicate effectively and make responsible decisions. A clear understanding of all these factors informs the ways in which the messages are designed and helps to predict possible enablers and disablers of uptake, and thus the potential effectiveness of the intervention.

Multivocality and multilingualism as tools for effective teenage pregnancy campaigns: Lessons drawn from observations of COVID-19 communication in Lesotho and South Africa

In developing teenage pregnancy interventions, it is useful to draw on multiple and diverse voices to convey messaging. COVID-19 messages to the public, each with a specific appeal and potential influence on a particular section of the population, enables communication to reach people with varying socio-economic and demographic characteristics, as noted in Finocchiaro-Kessler et al. (2012). Communication through multiple voices also enables contextualisation and simplification of information, making it more accessible to the public. Benoit-Barné and Martine (2022) argue that a tension exists between the need for organisations to speak with one voice, yet a need exists for them to speak with many voices. They argue that speaking with one voice is a form of multivocality.

At the peak of the COVID-19 pandemic, when there was a plethora of communication activities, Sobane et al. (2020) explored how multimodal communication and language diversity were used to enhance COVID-19 messaging in four African countries, including Lesotho and South Africa. The data for this study was collected through purposive observations of everyday practices and encounters with COVID-19 communication, as well as purposive searches of COVID-19 communication resources in the selected countries' mass media, print media, social media, and online news portals. The social media data sources included Facebook, Twitter, WhatsApp, while other sources included news websites and government website such as ministry of health websites in each country.

Sobane et al. (2020) provide valuable insights into the value of multiple voices in a communication intervention. They show that COVID-19 communication in Lesotho and South involved multiple voices such as the authoritative voice of the government, complemented by those of the media, creatives and civil society, who repurposed and repackaged messaging in different formats to enhance its reach and consumption. Complementing voices that repurpose, repackage, and translate messages are valuable

tools to address the communication needs of target groups such as teenagers. Teenage pregnancy interventions can benefit from these multiple voices. Below are a few examples of voices that we found prominent in Lesotho and South Africa during the COVID-19 pandemic.

During the COVID-19 pandemic, creative and performative arts such as music, dance, comedy and poetry were used for actively repurposing official messaging and conveying it in different modes that are accessible to different population groups. These artistic forms convey messages through modes like audio-visual and body language to give audiences a contextualised communication that they can easily relate to. If adapted for teenage pregnancy interventions, such messages have increased potential for reach and uptake by teenagers. Some of the examples in Lesotho and South Africa included:

Music and dance

Music productions widely disseminated as music videos on social media were found to be popular for disseminating COVID-19 messaging on behaviours that can mitigate the spread of the virus, using local languages. The music videos entail different aspects of body language that make the messages appealing to the target group and have the potential to foster in-depth understanding and uptake of the messages, as revealed in the examples that follow.

In South Africa, there were several music productions with translated subtitles in multiple local languages, an inclusive and multilingual approach that caters for the communication needs of people with diverse literacies. Also, the use of captions and subtitles assists in the understanding of the message that is communicated and increases the chances of message uptake by the viewers. For example, the Ndlovu Choir, a traditional music group from Limpopo, released a song in isiZulu that explained some of the basic guidelines for combatting COVID-19. The video enjoyed significant viewership figures, since isiZulu is spoken by 25.3% of South Africans (StatsSA, 2018). The video was widely published online and social media platforms such as Facebook

and YouTube, with translated subtitles, as seen in the video screenshot below.



Figure 1: Ndlovu singers performing the Corona Song

Beyond the multilingual feature, the body language in the videos was intensely expressive and complemented the lyrics, thus creating an entertaining communication tool that many people could easily relate to. In another production, a group of about 30 medical doctors calling themselves ‘SA GP Collaboration – Voices that Care’ (Grobler, 2020) recorded an inspiring song about COVID-19 and disseminated it on the Zoom platform. This collaboration marked the strength of networking and solidarity and had a better chance of inspiring behavioural change due to the multiple faces and voices that appear as agents in the video.

Poetry

Some of the messaging was disseminated through poetry. This creative expressive form of communication is well-known for conveying emotions while also appealing to the feelings of the target audience. In Lesotho, three poems about COVID-19 were posted on social media, conveying safety messages. The social media dissemination was a move to enhance their reach and visibility and, in turn, the potential impact of the message.

In these poems, the poets create a representation of the virus as a monster to convey its danger. In the first poem, the virus is construed as a *Kholumolumo*, a Sesotho word that refers to a mythological creature found in Sesotho folklore, often describing a huge dragon or dangerous monster (Peyre de Fabrègues & Allain, 2019). In the second poem, it is described as *Obe*, a popular scary

monster commonly found in Sesotho folklore. This portrayal of the virus as a scary animal is meant to evoke fear of the virus while influencing the adoption of behaviour that will combat infections. In addition to these message frames, the poets use a sad tone and a combination of sad, fearful and angry bodily gestures to drive home the message on the danger of the virus. In the case of these poems, message reach and potential impact is enhanced by the use of local languages, the multimodal nature of the poems, the dissemination of the poems on social media, as well as framing the message with a fear appeal frame.

Comedy and drama

This period has seen a rise in the number of independent comedians using YouTube to disseminate content to inform and entertain their audiences. In Lesotho, a five-episode comedy series on COVID-19 was commissioned by the government through the National Emergency Command Centre, a strategic body that guides the government's response to COVID-19. The series conveys messages about the danger of the virus and measures that can be taken to minimise the risk of infection and offset the spread of the virus, by exploring fictional storylines of the effects of COVID-19. These videos, disseminated on a dedicated Facebook media page of a Lesotho stand-up comedian, Lilaphalapha, become a communication initiative that could easily appeal to local Basotho because of the familiar characters, their physical appearance, as well as the physical location portrayed, a rural setting which many Basotho could relate to since it was part of their upbringing, as depicted in Figure 3. The same initiatives are seen in South Africa, where a famous YouTube character known as *Mhlonishwa*, well known for using a bit of comedy to address societal issues, has produced a series of videos on COVID-19 messaging.



Figure 3: Courtesy of Lilaphalapha media productions in Lesotho

The comedians combine expressive facial expressions and body language, body movements, demonstrations, gesturing and blending of languages to disseminate messages in a humorous yet informative way.

These complementary voices, often co-created with the target population, have been recommended in crisis communication since they have a potential to produce “high quality community-related information” (Nisbet & Scheufele, 2009:1775). For teenage pregnancy, which is a crisis at present, intensifying interventions that involve artistic voices will go a long way in driving the uptake and impact of communication amongst teenagers.

Theory

Theoretically, literature advocates the social disorganisation theory in developing teenage pregnancy interventions. According to Mkhwanazi (2017), social disorganisation is defined as the inability of community members to achieve shared values or to jointly solve the problems that emanate within the household and society. The theory implicitly advocates for the inclusion of moral values in sexual health education. Mkhwanazi (2017) further explains that the theory specifically helps to understand why teenage pregnancy is higher in some households and communities than in others as well as what the household- and the community-level variables within such contexts are (above and beyond individual-level characteristics) that foster teenage pregnancy in South Africa (Mkhwanazi, 2017:49). When there is adequate understanding of the specific contextual factors that

account for teenage pregnancy, messaging in a communication intervention is framed to also account for such factors and is therefore more contextually relevant.

Discussion

Intergenerational conversations on safe sex and teenage pregnancy as a resource to be leveraged

Available research shows that open intergenerational conversations on sex and sexuality education between adults and teenagers are an important avenue in curbing teenage pregnancy (Mkhwanazi, 2017; Mudhovozi et al., 2015). According to Mturi (2015:2), premature pregnancies can be avoided by improving parent-daughter communication on sexual matters earlier in life. This is because research has shown that although other influencers such as peers and multimedia are also largely at play, adolescents' attitudes towards sexuality and part of their sexual behaviours and activities are to some extent influenced by the sexual values that parents exerted on them, and their communication about sex with their parents (Mudovhozi et al., 2012). This implies that where there is good and informative communication between adults and teenagers about sex, such teenagers become equipped with information that helps them in decision-making about safe sex and becoming sexually active, and are therefore equipped to avoid unplanned pregnancies. Adults' experiential knowledge becomes an important tool that can be harnessed in conceptualising efforts to communicate to teenagers about teenage pregnancy.

On top of experiential knowledge, parents and elders are seen as a source of indigenous knowledge which teenagers can learn from. This includes knowledge of indigenous cultures and practices that can help teenagers effectively manage the sexual changes that happen in their bodies (Fershtman et al., 2011), as well as taboos and avoidance practices that delay sexual activity and help teenagers to manage it (Bhochhibhoya et al., 2024). Because of this, there is great value in creating partnerships between adults and teenagers in sex education. This is echoed

by Maluleke (2007), who advocates for the promotion of these partnerships in sex education to ensure that young people make informed choices. According to Maluleke (2007), a wealth of indigenous knowledge for teenage pregnancy prevention is available in most communities and can be passed to young generations if it is fused into adult-adolescent communication and in the design of sexual health promotion interventions. Communicating and engaging teenagers with this indigenous knowledge ensures that teenagers access a diverse range of pieces of knowledge and that their decision-making is informed by different knowledge bases.

Despite this widely acknowledged value of adult-teenager communication and engagements about issues of sex and sexuality, Makiwane (2010) finds that this kind of communication is still very scarce, resulting in a gap of information amongst young people in South Africa. This is conceded to by Mothiba and Maputle (2012), who attribute this gap to parents' reluctance to make sex education and contraceptives available to their teenagers or engage their teenagers about sex, because of the fear that their teenagers might interpret that as permission to engage in sexual activities. Another communication challenge identified by teenage pregnancy intervention research goes back to issues of stigmatisation of teenage pregnancy that makes it somewhat of a taboo topic between parents and teenagers. This stigma not only poses a challenge to communication but also affects teenagers' access to sexual health services. Cooper et al. (2016) established that teenagers face challenges in accessing public sector contraceptive services due to judgemental attitudes from many healthcare providers for being sexually active.

Drawing from cultural and indigenous practices in conceptualising teenage pregnancy interventions

Any efforts to develop communication interventions should draw from the existing practices and norms of the societies they target. In most rural African communities in Lesotho and South Africa, there is a practice of silence on issues of sex and sexuality in families. According to Ramathuba and Mashapa (2019), in such communities these topics are not openly discussed, especially by

parents and guardians with their young adults. Because parents and caregivers find it difficult to talk about this, Mudhovozi et al. (2012) note that most communities have historically developed platforms and practices in which adolescents are educated about sexuality. Such practices include initiation schools where senior members of a family also play an important role in educating youth about sexuality. Because of the insider knowledge possessed by those who participate in these, co-produced communication interventions benefit from the knowledge and have more coverage and uptake as noted in the work of Maluleke (2007).

Culturally centred approaches are also advocated for because very often culture determines how people react to and consume messaging. In resonance with this, Dutta (2015) confirms that culturally centred approaches enable communication interventions to consider structural determinants of health and move away from reductionist approaches that propagate shame and disgrace for teenage pregnancy and motherhood. In multicultural contexts such as Lesotho and South Africa, culturally centred approaches require meaningful engagements and intercultural dialogues that may need to include voices that have traditionally been excluded (De Palma & Francis, 2014).

Indigenous knowledge systems carry a wealth of knowledge that can be harnessed to inform contemporary interventions. Seroto (2011:79) explained that indigenous education in Africa was practised in two ways: firstly, informally through parents and elders in society through a socialisation process, and secondly, formally through initiation rites or apprenticeship / craftsmen. Initiation rites and various rituals to mark the passage from childhood to adulthood were cultural devices that were used to inculcate the spirit of communalism in the youth. An initiation ritual includes any system of rites that are done regularly in a set, precise manner whereby a child or adolescent is made a member of a sect or society and invested with a particular status (Seroto, 2011:80). In this paper two specific indigenous practices are of interest: the *Vukhomba* puberty rites amongst the Vatsonga as discussed in Maluleke's work, and the *Thakaneng* practice of Basotho as collected in ethnographic discussions with four women from Piting Ha Tumo, a rural area in Lesotho.

The Vukhomba

Maluleke and Troskie (2003:48) studied *Vukhomba* passage rites of teenagers according to the views of Vatsonga women in Limpopo Province. According to this study, *Vukhomba* refers to the traditional rite of passage for girls, which takes place amongst the Vatsonga / Machangana exclusively for a girl after the first menstruation. The family decides when they would want their child to go for the rites. *Vukhomba* happens any time after the first menses, for example, a week, months or even years later, depending on the family. It is a period of seclusion, and this is referred to as being in the hut. The key feature of the practice is that it is a period of mentorship for the girl to be prepared for being a fully grown woman. According to Maluleke (2003) each girl has about three mentors during this period:

- The *mudzabi*, who is responsible for the entire needs of the girl and is a partner to the initiate;
- The *Murileri*, who is the person the girl confided in when she realised that she was menstruating;
- A *vukhomba* elder, who comes from the royal house to supervise the rite, and is usually the traditional leader's wife, mother or sister.

The role of these mentors, according to Maluleke (2003), is to shape the initiate into womanhood in accordance with the expectations of society, with an understanding that she has reached sexual maturity as well. The following are some of the sexual education content that Maluleke (2003) observed:

- personal hygiene,
- maintaining virginity,
- self-control, and
- social morals.

Although avoidance of teenage pregnancy does not feature in this list, these topics all subsume avoidance of unwanted pregnancy (with personal hygiene perhaps doing so less directly).

Thakaneng of Basotho

Thakaneng is a place where girls who are deemed to be sexually mature sleep together at a particular home selected by the village chief. Such a home should have a woman of good social standing and good morals in the community. The girls commune there every night and according to the key informants there were two reasons for this:

- to subject the girls to informal education that prepares them to be women in all aspects of life
- to remove them from their parents' house so that they do not get to hear or witness their parents' sexual activities.

This practice was reportedly a good platform that relieves parents of the burden to discuss sexuality with their children because that was somewhat of a taboo topic.

While the education is the prerogative of the selected woman, she is able to informally enlist the assistance of other women of a good calibre to educate the girls. According to these key informants, the following are some of the topics that used to be covered:

- Maintaining virginity,
- Self-control,
- Understanding themselves as ambassadors of their families and thus of the communities, and therefore an unwanted pregnancy will bring shame to all these,
- Key considerations in choosing a man to marry, such as family background, economic strength etc.

This practice faded away with modernity, yet informants feel that it was very effective in controlling teenage pregnancy because girls were conscious of not embarrassing their educator, their peers and society at large.

These two practices were selected to represent many others in South African indigenous communities that have the same characteristics. Most of these practices are still performed and they do hold in them a wealth of information and platforms that have been time-tested for resilience. Although they may not

be practicable in urban environments, much can still be drawn from them.

Lessons to be drawn from the two indigenous practices

Adults taking an active role in education and mentorship: In both practices selected adults take the responsibility of educating the younger generations. Previous sections have indicated that there is a wealth of experiential knowledge that is in the hands of the adults and that could benefit the younger generations. In particular, a community system that sees women with specific qualities being mentors would be a particularly valuable resource.

Strengthened community systems: The two practices show the existence of established community systems and have been operating in communities for a while. There is a need to have such systems to combat teenage pregnancy. When such systems are established, they enable a multi-sectoral approach to addressing a problem, and the development of a context-specific intervention.

Communal learning: The fact that the girls learn together as a group means that they are given a platform that makes them accountable to each other. There is mutual learning from their peers, while they are also able to hold each other accountable. That strengthens the extent to which they apply the knowledge they learnt.

Conclusion

An effective way of designing a communicative strategy that would curb teenage pregnancy is to take into consideration factors that influence families, the environment of schools in the area, peers and partners from that community. The strategy should also consider structural barriers influencing young women's experiences, behaviours and perceptions of how they think about their sexual and reproductive health. The major contextual factors contributing to these barriers are related to economic disruption and poverty, loss of family structure and cultural and societal norms governing the role many young women are expected to fulfil. An additional problem is the increased acceptability of intimate partner violence in exchange for economic benefit. The

neglect of social and structural predictors of teenage pregnancy has led to its continued persistence. This chapter has pointed to the potential of using indigenous knowledge that emanates from the socio-cultural environment in designing communication interventions to address teenage pregnancy.

Given the low literacy levels and lack of access to information amongst teenagers in both Lesotho and South Africa, alternative and innovative communication approaches need to be considered. This chapter suggests the incorporation of the perspectives of linguists in developing interventions would be considered. This is because they have the ability to understand pertinent linguistic issues that have a bearing on access to and uptake of communication amongst teenagers in multilingual contexts. Linguists also often have a grasp of language choices in multilingual contexts as well as the mitigations for the different literacy levels of various audiences. The factors that account for teenage pregnancies in Lesotho and South Africa are diverse and complex. Communication intervention and campaigns should therefore build on the already existing communication ecology to harness the strength of tools, platforms and practices that have already proven to reach teenagers in different sectors of society.

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Chapter 6

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