



Breaking the silence: Church intervention strategies in addressing teenage pregnancy in South Africa

Lufuluvhi M. Mudimeli¹  & Hundzukani P. Khosa-Nkatini¹ 

¹ Department of Human Sciences, University of Venda, Thohoyandou, South Africa.

ABSTRACT

Teenage pregnancy is a complex issue that requires the involvement of multiple stakeholders. To break the silence around this dilemma, the church has a pivotal role in addressing teenage pregnancy by leveraging its moral authority through working collaboratively with multiple societal stakeholders. The article examined the unique role of the church as an influential institution that engages young people. It also highlights the importance of integrating the biblical message with the African philosophy of *ubuntu*, which emphasises shared humanity and collective responsibility. The article used a qualitative research methodology and a scholarly literature review to examine how churches significantly shape communities' moral and ethical values, making them potential agents in addressing teenage pregnancy. The church can reduce teenage pregnancy and break the silence by collaborating with other societal stakeholders to promote value-based education and moral accountability. The church's role goes beyond preaching abstinence; it involves providing a comprehensive pastoral care strategy. This study emphasises the importance of involving both boys and girls in church-led interventions grounded in communal principles of the *ubuntu* philosophy. By harmonising these principles, the church can foster shared responsibility and provide a culturally grounded, sustainable model for addressing teenage pregnancy and related social ills.

Keywords: Intervention Strategies, Teenage Pregnancy, Church, *Ubuntu*, Sexual Education.

INTRODUCTION

As teenage pregnancy is a complex issue that requires the attention of multiple stakeholders, it has now reached a point where all stakeholders should be involved in finding solutions to this persistent challenge. Teenage pregnancy can have adverse socioeconomic and health outcomes, with about 11% of births worldwide occurring in teenage girls aged between 15 and 19 years, and middle- and low-income countries account for more than 90% of these births.¹ Teenage pregnancy in SA has become an issue that cannot be ignored or left alone. The World Health Organisation refers to teenage pregnancy as adolescent pregnancy and defines it as follows:

¹ E. N. Kravchenko et al., "Problems of Teenage Pregnancy: Obstetric and Perinatal Outcomes," *Perm Medical Journal* 41,no.2(2024):52–60.

‘Teenage pregnancy is still a significant public health problem in Africa, with a higher prevalence. Nearly a third of teenagers become pregnant in Africa. Age (18–19), wealth index, and marital status were the predictors of teenage pregnancy in Africa.’²

Teenage pregnancy in Sub-Saharan Africa is at 21.36%, and factors such as age, adolescent marital status, the teenager's mother's working status, media exposure, wealth index, and countries' income have a significant association with teenage pregnancy.³ Sub-Saharan Africa has emerged as the region with the most teen births, increasing its share of global teen births from 12 % in 1950 to 47 % in 2020, a period during which its share of the global adolescent (15-19) population grew from 7.5 % to 19 %.⁴ In South Africa, it continues to increase among school-going pupils, and it has catastrophic effects because it results in dropouts, since teenagers who give birth must leave school to care for their infants.⁵ Research indicates that the impact of teen pregnancy includes school dropout, health risks, loneliness, and parental and peer rejection. Proper parental care, sex education in schools, and prohibiting early marriage are effective ways to reduce teen pregnancy among secondary school students.⁶ Data from the Africa Center's Demographic Surveillance Area in KwaZulu-Natal, South Africa, revealed that young mothers (17 years and below) faced a higher risk of death than women who delayed pregnancy.⁷ This is a devastating reality for teenagers to die at a young age.

During the period 2015-2020, the global adolescent birth rate was 41 births per 1,000 adolescents aged 15-19 years, with notable variations worldwide. Sub-Saharan Africa had a teenage birth rate of 99, while Western Europe had an average of eight, and South Africa (SA) aligned with the global average of 41.⁸

Teenage pregnancy fertility decreased in South Africa during the past decades; nonetheless, rates remain high, with around 30% of the 15-19-year-old age group having been pregnant at some point, many of them being among 18- and 19-year-olds.⁹ Complications during labour are high and often fatal among teenage girls in Africa. It is the leading contributor to mortality among 15-19-year-old girls, and these deaths occur in low- to middle-income countries. Early childbearing increases the likelihood of school dropout, making it less likely for individuals to pursue education or vocational training, as they often lack opportunities to balance motherhood and schooling.¹⁰

This study aims to provide an overview of the church's intervention strategies for teenage pregnancy through a literature review. It focuses on understanding how churches have and can respond to the issue of teenage pregnancy, and in making recommendations on what strategies they can employ and how they can make effective interventions in addressing teenage pregnancies.

² World Health Organization, “Adolescent Pregnancy: Adolescence Is a Time of Opportunity during Which a Range of Actions Can Be Taken to Set the Stage for Healthy Adulthood: Factsheet” (World health organization, 2014).

³ Melkamu Aderajew Zemene et al., “Prevalence and Associated Factors of Teenage Pregnancy in Sub-Saharan Africa: Multilevel Modified Poisson Regression Analysis,” *Sage Open* 14, no. 2 (April 30, 2024), <https://doi.org/10.1177/21582440241248899>.

⁴ Thomas Spoorenberg et al., “The Global Adolescent Fertility Decline Is Counteracted by Increasing Teen Births in Sub-Saharan Africa,” *Studies in Family Planning* 55, no. 3 (September 15, 2024): 229–45, <https://doi.org/10.1111/sifp.12273>.

⁵ Tsoaledi Daniel Thobejane, “Factors Contributing to Teenage Pregnancy in South Africa: The Case of Matjijileng Village,” *Journal of Sociology and Social Anthropology* 6, no. 2 (2015): 273–77.

⁶ Ingrid Madume and Love Daima Dibia, “Causes and Effects of Teenage Pregnancy among Female Secondary School Students in Abua/Odual Local Government Area of Rivers State,” *Journal of Research in Humanities and Social Science* 9, no. 7 (2021): 1–7.

⁷ Saloshni Naidoo and Myra Taylor, “The Association of Social Influences, Modeling Behavior, Self-Efficacy, and Communication With Teenage Pregnancies Among School Students in South Africa,” *The Journal of School Nursing* 37, no. 2 (April 9, 2021): 128–38, <https://doi.org/10.1177/1059840519855372>.

⁸ Addis Eyeberu et al., “Teenage Pregnancy and Its Predictors in Africa: A Systematic Review and Meta-Analysis,” *International Journal of Health Sciences* 16, no. 6 (2022): 47.

⁹ Samantha Willan, “A Review of Teenage Pregnancy in South Africa—Experiences of Schooling, and Knowledge and Access to Sexual & Reproductive Health Services,” *Partners in Sexual Health* 8 (2013): 1–63.

¹⁰ Felicia Molokoane, “Teenage Pregnancy Considerations,” in *Obstetrics and Gynaecology Forum*, vol.28 (In House Publications, 2018), 23–26.

METHODOLOGY

This study uses a qualitative research design and a desktop-based approach to examine the existing literature on church interventions addressing teenage pregnancy. A qualitative approach is suitable because it allows interpretation of meanings, experiences, and social dynamics rather than just measuring variables.¹¹ The study is exploratory, focusing on how churches can go beyond moralistic approaches to engage with broader social, cultural, economic, psychological, and relational factors that influence teenage pregnancy. It uses a systematic literature review to synthesise research from diverse fields, including theology, sociology, and education. The search for systematic data involved structured searches, selection, and source selection. Key search terms included: “teenage pregnancy,” “adolescent pregnancy,” “church interventions” OR “faith-based organisations,” “comprehensive sexuality education,” “social determinants” OR “economic factors,” and “psychosocial support” OR “youth empowerment.” Inclusion and exclusion criteria guided the selection, focusing on peer-reviewed journal articles and books retrieved from sources such as Google Scholar, PubMed/MEDLINE, JSTOR, ScienceDirect, EBSCOhost, relevant reference lists, and organisations such as the WHO, covering publications from 2000 to 2025 to ensure current data. Studies on teenage pregnancy and faith- or church-based interventions were included, while studies that focused solely on clinical aspects without social context and non-academic sources lacking rigour were excluded.

The study employed thematic analysis to synthesise the findings of the selected literature. Thematic analysis is commonly used in qualitative research to identify, analyse, and report patterns within data.¹² The study is guided by the Social Ecological Model, which highlights the multiple levels that influence adolescent behaviour, including the individual, interpersonal, community, and societal levels.¹³ The African philosophy of *ubuntu*, which stresses interconnectedness and collective responsibility, offers a culturally relevant perspective on how communities and churches can support young people in nonjudgmental way.¹⁴ Furthermore, pastoral care frameworks emphasise compassion, inclusion, and holistic well-being, aligning with the church’s role in providing emotional and spiritual support.¹⁵

Factors Contributing to Teenage Pregnancy

A systematic review of predictors of pregnancy among adolescents in sub-Saharan Africa found the most common predictors to be sexual coercion or pressure from male partners, low or inappropriate use of contraceptives, poor parenting or absence of parental guidance and support, low socioeconomic status, low income or unemployment, and low educational expectations and school dropout.¹⁶ Among the factors mentioned above, lack of parental guidance contributes to high drug abuse, as teenagers do not receive proper guidance at a young age. On the other hand, researchers in South Africa have investigated contributory factors including reproductive ignorance, the earlier occurrence of menarche, risk-taking behaviour, psychological problems, peer influence, coercive sexual relations, dysfunctional family patterns, poor health services, socioeconomic status, the breakdown of cultural traditions, and the cultural value placed on children.¹⁷

Poverty is an overriding theme influencing teenage pregnancy.¹⁸ Indeed, poverty is one of the main contributors to the high statistics of teenage pregnancy, and it can also be experienced as a result of teenage pregnancy. Some adolescents are involved sexually with adult men in the context of relationships where

¹¹ John Creswell, *Research Design: Qualitative, Quantitative and Mixed Methods* (Sage Publications., 2003); Creswell, *Research Design: Qualitative, Quantitative and Mixed Methods*.

¹² Virginia Braun and Victoria Clarke, “Using Thematic Analysis in Psychology,” *Qualitative Research in Psychology* 3, no. 2 (2006): 77–101.

¹³ Shelley D Golden et al., “Upending the Social Ecological Model to Guide Health Promotion Efforts toward Policy and Environmental Change,” *Health Education & Behavior* (Sage Publications Sage CA: Los Angeles, CA, 2015).

¹⁴ John S Mbiti, *African Religions & Philosophy* (Oxford: Heinemann, 1990).

¹⁵ Emmanuel Yartekwei Lartey, *In Living Color: An Intercultural Approach to Pastoral Care and Counseling* (Jessica Kingsley Publishers, 2003).

¹⁶ Eyeberu et al., “Teenage Pregnancy and Its Predictors in Africa: A Systematic Review and Meta-Analysis.”

¹⁷ Catriona Macleod, “The ‘Causes’ of Teenage Pregnancy: Review of South African Research—Part 2,” *South African Journal of Psychology* 29, no. 1 (1999): 8–16.

¹⁸ D Esan et al., “Causes, Enablers and Perceived Solutions to Teenage Pregnancy: A Qualitative Study in a South-Western State in Nigeria,” *The Pan African Medical Journal* 43, no. 120. (2022): 120.

gifts in the form of money, clothes, and other materials are given in return for sexual favours. Teenagers born and who have grown up in the cycle of poverty can fall into prostitution as a way of compensating for the wages of their parents.¹⁹ Thobejane furthermore notes that teenage pregnancy has also been identified as one of the primary sources of poverty, as teenagers do not prepare for themselves, much less for their offspring, before giving birth, and thus they may not be supported by their communities. It is a worldwide phenomenon with common risk factors and consequences, requiring comprehensive policies that incorporate cultural factors and address the underlying structural causes of inequality and poverty.²⁰

Most teenagers become pregnant because of peer pressure. Lack of knowledge, peer pressure, parental pressure on teenage girls to get married early in life, non-utilisation of contraceptives, and financial issues are some causes that contribute to teen pregnancy.²¹ When teenagers want to fit in, they often give in to peer pressure. The influence of peers on teenagers cannot be ignored. This makes peer education essential in addressing teenage pregnancy. Peer education within the church can provide positive learning experiences and personal growth if the church, society, and various cultural norms and traditions are included in the discussion of contraception.²²

Lack of guidance, absent fathers, child-headed households, and lack of parental guidance and family breakdown also influence teen pregnancy because most parents do not want to discuss sex with their children. After all, it is taboo, and some are absent during their children's teenage years to serve as role models.²³ Due to absent fathers, some teenagers grow up without proper guidance on what being a man is about, and this contributes to teenage pregnancy. Furthermore, Thobejane states that in some cultures, young girls are required to get pregnant at an early age to prove their fertility before marriage.²⁴ In contrast, it is believed that a boy must attend initiation school so he can be taught manhood, and these teachings may indirectly aim to initiate him into early sexual activities.²⁵ Barrenness is shunned among African cultures, and when a woman proves that she can bear children, she is considered a full woman.

In one of the studies conducted on teenage pregnancy, the main results show that lack of sexual education and ignorance of contraceptive techniques are underlying factors in the incidence of teenage pregnancy and that socioeconomic factors such as poverty and inequality also have a profound effect.²⁶ The above factors that cause teenage pregnancy cannot be addressed solely through government interventions and measures; instead, they require a multifaceted and holistic approach that combines government strategies with community involvement.

The complex challenge of teenage pregnancy necessitates the engagement of multiple societal sectors, including religious institutions. The church, which is regarded as the "light and salt of the world" in Matthew (5:13-16), cannot remain silent in the face of such a pressing social issue that profoundly impacts both individuals and communities. Its moral authority, spiritual guidance, and established community networks uniquely position it to make meaningful contributions to prevention efforts. As a key social institution, the church is called to advocate for responsible behaviour, promote value-based education, and provide supportive environments that encourage positive life choices among teenagers. The complexity of teenage pregnancy, therefore, requires a collaborative approach, wherein the church, alongside the

¹⁹ Thobejane, "Factors Contributing to Teenage Pregnancy in South Africa: The Case of Matjitjileng Village."

²⁰ Esther Raya-Diez et al., "Risk Factors and Social Consequences of Early Pregnancy: A Systematic Review," *Sage Open* 14, no. 3 (2024): 21582440241271324.

²¹ Madame and Dibia, "Causes and Effects of Teenage Pregnancy among Female Secondary School Students in Abua/Odual Local Government Area of Rivers State."

²² Lizeth Roets and Ibom Salome Clemence, "Teenage Pregnancy Prevention: The Church, Community, Culture and Contraceptives," *African Journal of Reproductive Health* 25, no. 6 (2021): 51–57.

²³ Thobejane, "Factors Contributing to Teenage Pregnancy in South Africa: The Case of Matjitjileng Village."

²⁴ Thobejane, "Factors Contributing to Teenage Pregnancy in South Africa: The Case of Matjitjileng Village."

²⁵ Thobejane, "Factors Contributing to Teenage Pregnancy in South Africa: The Case of Matjitjileng Village."

²⁶ Kravchenko et al., "Problems of Teenage Pregnancy: Obstetric and Perinatal Outcomes."

government, families, schools, health systems, and civil society, actively participates in shaping holistic interventions aimed at reducing its prevalence.

Church Intervention Strategies

Providing comprehensive sexual education

Churches should adopt more proactive and transformative roles in the lives of teenagers by providing comprehensive sexual education. The church and its pastor are significant partners in addressing health disparities within the church community, particularly in addressing sensitive issues such as teen pregnancy. The church should take into account the prevalence of teenage pregnancy in society and among the teenagers who are in the church. The statistics above indicate that sub-Saharan Africa had a teenage birth rate of 99, Western Europe had a rate of eight, and South Africa (SA) was in line with the global average of 41.²⁷ The church should speak publicly and openly about teenage pregnancy and encourage dialogues about this devastating situation in the country.

Open and supportive communication about sexuality with teenagers should be encouraged and supported, along with providing adequate support by the churches in their efforts to both care for the teens themselves and equip parents to have successful sexuality talks with their children.

These are valuable steps toward making teen pregnancy prevention programs more effective.²⁸ There is much that could and should be done to improve this situation, including providing high-quality, age-appropriate health education and life skills; tackling sexual and gender-based violence; improving poverty alleviation for the most vulnerable; improving availability of easy access to and understanding of modern contraception; and ensuring mechanisms to support the high number of young mothers and their infants.²⁹

Religious institutions, more especially churches, are ideal places for public health interventions, as they are woven into the community; the trust the communities have in them sets them up to provide fundamental health and social needs, giving them the potential to make meaningful changes within their realms of influence, more especially to the lives of teenage girls.³⁰ The church is a unique place where most young people go for various reasons. Some reasons that contribute to young people flocking to the churches are socially related. It is in the church where young people, or teenagers, socialise with their peers and can find a place they can call home. Most young people believe in the church for spiritual guidance, moral support, and education during difficult times. Churches should become aware of teenagers' needs and consider employing a dedicated young pastor whose age is not too far from theirs, one who focuses solely on teenagers and their upbringing.

The church's sexual education and awareness program could also include abstinence, as it is the message of the church advocating responsible behaviour. It is deemed beneficial when teenagers make decisions and quality choices about sex when they are accountable and not at a young age, when they are still innocent. Sexual education about abstinence is the message of the church; it is more relevant, especially to the youth who are in the church. Responsible sexual behaviour is crucial when addressing sexual education for teenagers as they enter their teen years. Jemmott's study shows that theory-based abstinence-only interventions can be effective in reducing sexual initiation and risky sexual behaviour among young adolescents, particularly if they emphasise the positive advantages of abstinence rather than the negative consequences of sexual activity.³¹

²⁷ Eyeberu et al., "Teenage Pregnancy and Its Predictors in Africa: A Systematic Review and Meta-Analysis."

²⁸ Mandy Golman et al., "Engaging Church Leaders in the Reduction of Teen Birth Rate in High-Risk Areas," *International Quarterly of Community Health Education* 41, no. 2 (2021): 125–32.

²⁹ Eyeberu et al., "Teenage Pregnancy and Its Predictors in Africa: A Systematic Review and Meta-Analysis."

³⁰ Golman et al., "Engaging Church Leaders in the Reduction of Teen Birth Rate in High-Risk Areas."

³¹ John B. Jemmott, Loretta S. Jemmott, and Geoffrey T. Fong, "Efficacy of a Theory-Based Abstinence-Only Intervention Over 24 Months," *Archives of Pediatrics & Adolescent Medicine* 164, no. 2 (February 1, 2010), <https://doi.org/10.1001/archpediatrics.2009.267>.

The church should continue to preach about ethical values and good character to all its members, including teenagers. Abstinence education has been part of the church's teachings for many years. Most young people who grew up in the church have been privileged to find awareness through these teachings, especially from the churches that still teach abstinence when one is not married.

Sexual education for boys, too

The church should not only focus on the sexual education of girls but on boys, too. Most of the time, when addressing teenage pregnancy, it is only the girl-child who is at the center. In some churches, such as the Pentecostal churches in Venda, boys who impregnated the girls were suspended and denied any activity in church. The therapeutic programs were organised for the boys by the priests so that they did not feel abandoned due to their irresponsible act.³² Studies show that boys are often excluded from reproductive health programs. In contrast, their involvement is crucial for reducing teenage pregnancies when they are willing to participate in prevention efforts and value sex education that includes their perspectives.³³ An effective response to teenage pregnancy must deliberately include boys in sex education initiatives within the church. Too often, interventions have been directed disproportionately toward girls, placing the burden of responsibility for prevention almost exclusively on them. However, teenage pregnancy is the result of the involvement of both parties, and therefore, holistic strategies must recognise the critical role of boys and/or young men. By integrating boys into faith-based sexual education programs, the church affirms the principle of shared responsibility and fosters accountability among teenagers. Such inclusion can challenge harmful gender stereotypes, promote mutual respect in relationships, and encourage informed decision-making.

The collaboration of the church and other stakeholders

There is a need to collaborate between various stakeholders with faith-based organisations, as teenage pregnancy is a complex issue that requires different approaches to be addressed. These partnerships may take the form of coalitions, through which church leaders and other key community members can work together in ongoing communication and collaboration to promote a shared goal of preventing teen pregnancy.³⁴ Furthermore, Golman et al., state that through these partnerships, churches can better identify their roles in encouraging youth development and supporting adolescent health promotion.

Consultation with teenagers about teenage pregnancy can lead to positive results. Most of the information written about them is provided by adults who sometimes do not consider what it means to become pregnant at a young age. The church and the public stakeholders must consider finding out how teenagers themselves view teenage pregnancy and the challenges associated with it.³⁵ Wood and Hendricks indicate that although the youth perceive parenthood while still in school, the prevention messages facilitated by teachers and most of the adult people who do not consider the lifestyles and needs of adolescents in their specific social environment, and that, besides observing the lifestyles of teenagers, it is essential to listen to their perception of managing a teenage pregnancy.³⁶ The state of teenage pregnancy requires that various stakeholders provide interventions that will help bring solutions.

³² Zweledinga Tyumre, *Male Teenagers and Pregnancy: A Challenge to Pastoral Care* (University of Pretoria (South Africa), 2016).

³³ Sipiwe T Madlala, Maureen N Sibiya, and Thembelihle S P Ngxongo, "Perceptions of Young Men at the Free State School of Nursing with Regards to Teenage Pregnancy," *African Journal of Primary Health Care and Family Medicine* 10, no. 1 (2018): 1–7; Oluwatoyin Adewole and Oluwaseun Otubanjo, "Young Men's Perceptions of Teenage Pregnancy," *The Qualitative Report*, September 18, 2020, <https://doi.org/10.46743/2160-3715/2020.4367..>

³⁴ Golman et al., "Engaging Church Leaders in the Reduction of Teen Birth Rate in High-Risk Areas."

³⁵ Lesley Wood and Farah Hendricks, "A Participatory Action Research Approach to Developing Youth-Friendly Strategies for the Prevention of Teenage Pregnancy," *Educational Action Research* 25, no. 1 (2017): 103–18.

³⁶ Wood and Hendricks, "A Participatory Action Research Approach to Developing Youth-Friendly Strategies for the Prevention of Teenage Pregnancy."

As a social and trusted community institution, the church has a role in providing holistic pastoral care and support to teenage mothers and fathers in collaboration with other public stakeholders, such as social workers and psychologists. Pastoral care has evolved from traditional shepherd models to a more clinical and client-centered method that addresses global existential crises and the Church's role in supporting individuals.³⁷ Rolfe highlights that the clergy stands in a uniquely privileged position to help families avoid the trauma of teen pregnancy by intervening in time and aiding their members, as the church needs to extend its helping hand and even be represented in schools through pastoral care services.³⁸ Some schools indeed offer pastoral care, while others do not. School pastoral care structures and organisations should continue to be central to relieving the pain of young people and children, tapping into their innermost reserves of resilience, hope, and creativity, and leveraging the people, systems, and resources within their worlds.³⁹ The church should prioritise integrated, context-specific, evidence-based, and rights-respecting responses rather than one-dimensional moral campaigns. Churches have strengths such as trust, influence, moral authority, and local presence, which make them valuable partners in multisectoral strategies. To be effective and ethical, faith-based efforts must combine compassion, education, referrals to youth-friendly services, psychosocial and economic support, and collaboration with other community stakeholders.

Ubuntu as a Framework for Intervention

Ubuntu is an African philosophy that emphasises communal care, solidarity, and shared responsibility. It is a multidimensional concept that represents the core values of African ontologies, including respect for all human beings, human dignity, and human life; collective sharedness; obedience; humility; solidarity; caring; hospitality; interdependence; and communalism.⁴⁰ *Ubuntu* is a profoundly influential African philosophy that defines personhood through community, emphasising compassion, interconnectedness, and shared humanity. Its principles continue to shape ethics, law, and social practices, especially in Southern Africa.

Multiple studies have shown that *ubuntu* fosters cooperation and resilience in communities facing teenage pregnancy, and have found that strengthening *ubuntu* principles—communal care, solidarity, and mutual respect can help prevent teenage pregnancy and support adolescent mothers.⁴¹ Revitalising these values in families, schools, and communities is key to reducing risks and promoting positive outcomes for young women.⁴² Incorporating *ubuntu* values, such as collectivism, participatory decision-making, information sharing, and mutual respect, into interventions has been shown to foster cooperation among teenagers, families, and communities.⁴³ These principles promote teamwork and effective prevention strategies, suggesting that *ubuntu*-based approaches can enhance the success of interventions aimed at preventing teenage pregnancy. Loss of *ubuntu* increases risks for adolescent mothers and increases the risk of teenage pregnancy. Kamwangamalu, furthermore, argues that:

³⁷ Glenda A Dames and Gordon E Dames, "Pastoral Care and Counselling in Current Times: Relevance and Context of Care," *HTS Theologies Studies/Theological Studies* 81, no. 1 (2025): 10184.

³⁸ David J Rolfe, "Pastoral Opportunities to Help Families Prevent Teenage Pregnancy," *Journal of Pastoral Care* 38, no. 1 (1984): 29–43.

³⁹ Helen Cowie, "Pastoral Care in Education Today: Its Continuing Role in Promoting Mental Health in Children and Young People," *Pastoral Care in Education* 40, no. 3 (July 3, 2022): 321–27, <https://doi.org/10.1080/02643944.2022.2093955>.

⁴⁰ Nkonko M Kamwangamalu, "Ubuntu in South Africa: A Sociolinguistic Perspective to a Pan-African Concept," *Critical Arts* 13, no. 2 (1999): 24–41.

⁴¹ Viola Nilah Nyakato and Susan Kools, "'It Takes a Village to Raise a Child': Loss of Ubuntu Led to an Escalation of Teenage Pregnancy during the COVID-19 Lockdown in Uganda," *Culture, Health & Sexuality* 28, no. 5 (2026): 549–61; Sinethemba Nyandeni, Fhumulani M Mulaudzi, and Nombulelo V Sepeng, "Assessing the Incorporation of Ubuntu Principles and Values in the Interventions for the Prevention of Teenage Pregnancy: A Scoping Review," *African Journal of Reproductive Health* 28, no. 10 (2024): 189–207.

⁴² Nyakato and Kools, "'It Takes a Village to Raise a Child': Loss of Ubuntu Led to an Escalation of Teenage Pregnancy during the COVID-19 Lockdown in Uganda"; Nyandeni, Mulaudzi, and Sepeng, "Assessing the Incorporation of Ubuntu Principles and Values in the Interventions for the Prevention of Teenage Pregnancy: A Scoping Review"; Pempho Chinkondeni, "Schoolgirl Pregnancy, Dropout or Pushout?: An Ubuntu-centric Re-Construction of the Education for Student Mothers in Malawi," *Gender and Education* 34, no. 6 (2022): 738–53; Jacob Mokhutso, "Ubuntu: A Countermeasure for Challenges of Child-Rearing," *Pharos Journal of Theology* 103 (November 2021), <https://doi.org/10.46222/pharosjot.1033>.

⁴³ Nyandeni, Mulaudzi, and Sepeng, "Assessing the Incorporation of Ubuntu Principles and Values in the Interventions for the Prevention of Teenage Pregnancy: A Scoping Review."

‘There is a need to understand, revive, and promote the virtues of ubuntu first at the social, grassroot level, to practice ubuntu in our own communities and with own neighbours if one is to build a better society, a society where neighbours treat one another not just as neighbours but as siblings in the ubuntu sense; a society where people acknowledge and value interdependence and develop mutual respect for their diverse cultures.’⁴⁴

Incorporating *ubuntu* principles and values into interventions to prevent teenage pregnancy can enhance cooperation among teenagers and stakeholders, promoting teamwork for effective and successful interventions.⁴⁵ These authors, in their study, validated the argument that ubuntu values and principles should be employed when planning and conducting interventions against teenage pregnancy, as this would minimise the cooperation of teenagers and other stakeholders, ensuring teamwork for effective and successful interventions.⁴⁶

The church can harmonise the principles of *ubuntu* with the biblical principles as taught in Galatians 6:2 –“Carry each other’s burdens, and in this way you will fulfil the law of Christ” (NIV). *The Ubuntu* principles can be applied by the church, as they complement the biblical message and can be readily adopted by most people familiar with their implications. Also, it is a crucial philosophy for addressing teenage pregnancy and other social ills that require communal attention.

RECOMMENDATIONS

Churches must move from moralistic approaches to inclusive and contextually sensitive strategies that address the complex realities young people face with respect to teenage pregnancy. The following key recommendations are provided:

- First, churches should implement comprehensive sexuality education (CSE) within a faith-based framework. By combining biblical teachings with accurate reproductive health information, churches can offer balanced, empowering guidance.
- Second, there is a need to establish non-judgmental support systems within youth-friendly church settings. Teenagers are likely to seek help when they feel safe, respected, and understood. Pastoral care approaches that emphasise empathy, confidentiality, and general well-being are effective in supporting pregnant adolescents and reducing stigma.
- Third, churches should promote comprehensive community-based interventions grounded in *ubuntu*, which stresses interconnectedness and collective responsibility. For example, as the Vhavenda put it: “*nwana wa munwe ndi nwana wau*” (another person’s child is your child). Ubuntu encourages communities to support rather than isolate young parents, fostering inclusion and shared accountability. Applying *ubuntu principle* in the church’s interventions means recognising that the well-being of young people is inextricably linked to the well-being of the entire community.
- Fourth, addressing the socio-economic factors driving teenage pregnancy is essential. Poverty, lack of education, and limited opportunities increase adolescents’ vulnerability. Churches can play a vital role by facilitating empowerment programs such as skills development, educational assistance, and partnerships with development organisations.

CONCLUSION

The purpose of the article was to explore the unique role of the church as an influential institution in addressing teenage pregnancy in South Africa. It also highlights the importance of integrating the biblical

⁴⁴ Kamwangamalu, “Ubuntu in South Africa: A Sociolinguistic Perspective to a Pan-African Concept.”

⁴⁵ Nyandeni, Mulaudzi, and Sepeng, “Assessing the Incorporation of Ubuntu Principles and Values in the Interventions for the Prevention of Teenage Pregnancy: A Scoping Review.”

⁴⁶ Nyandeni, Mulaudzi, and Sepeng, “Assessing the Incorporation of Ubuntu Principles and Values in the Interventions for the Prevention of Teenage Pregnancy: A Scoping Review.”

message with the African philosophy of *ubuntu*, which emphasises shared humanity and collective responsibility. It was highlighted that teenage pregnancy is not only an individual, personal, or family challenge but a societal issue that requires collective responsibility. This study has shown that churches, as trusted moral and social institutions, hold a unique position in addressing teenage pregnancy by breaking the silence and fostering supportive, nonjudgmental spaces for young people. Their role extends beyond preaching abstinence; it involves providing a comprehensive pastoral care strategy that includes, among other things, creating environments of care, compassion, and empowerment where young people can access guidance, mentorship, and practical assistance.

This study has furthermore revealed that when churches actively engage in dialogue, mentorship, and holistic intervention strategies, they can become effective agents in reducing teenage pregnancy and empowering young people to make informed choices. Moreover, churches can contribute to reshaping social attitudes by combining faith-based values with openness to comprehensive education and collaboration with other stakeholders, such as schools, healthcare providers, and families. This study has shown that churches are crucial in addressing teenage pregnancy by promoting abstinence and sexual purity before marriage, providing comprehensive sexual health education, and engaging the community. Teenage pregnancy should not be treated as the burden of the individual alone but as a shared responsibility of the church, families, and society at large.

***Funding information**

The authors received financial support for this research from the South African National Research Fund (NRF) – Ref. No. CSRP23031081826, authorship, and/or publication of this article.

BIBLIOGRAPHY

- Aderajew Zemene, Melkamu, Belete Achamyew Ayele, Edgeit Abebe Zewde, Tigist Yismaw Yimer, Habtamu Shimels Hailemeskel, and Sofonyas Abewaw Tiruneh. "Prevalence and Associated Factors of Teenage Pregnancy in Sub-Saharan Africa: Multilevel Modified Poisson Regression Analysis." *Sage Open* 14, no. 2 (April 30, 2024). <https://doi.org/10.1177/21582440241248899>.
- Adewole, Oluwatoyin, and Oluwaseun Otubanjo. "Young Men's Perceptions of Teenage Pregnancy." *The Qualitative Report*, September 18, 2020. <https://doi.org/10.46743/2160-3715/2020.4367>.
- Braun, Virginia, and Victoria Clarke. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3, no. 2 (2006): 77–101.
- Chinkondenji, Pempho. "Schoolgirl Pregnancy, Dropout or Pushout?: An Ubuntu-centric Re-Construction of the Education for Student Mothers in Malawi." *Gender and Education* 34, no. 6 (2022): 738–53.
- Cowie, Helen. "Pastoral Care in Education Today: Its Continuing Role in Promoting Mental Health in Children and Young People." *Pastoral Care in Education* 40, no. 3 (July 3, 2022): 321–27. <https://doi.org/10.1080/02643944.2022.2093955>.
- Creswell, John. *Research Design: Qualitative, Quantitative and Mixed Methods*. Sage Publications, 2003.
- Dames, Glenda A, and Gordon E Dames. "Pastoral Care and Counselling in Current Times: Relevance and Context of Care." *HTS Theologiese Studies/Theological Studies* 81, no. 1 (2025): 10184.
- Esan, D, F Muhammad, S Okocha, A Ogunkorode, T Bamigboye, R Adeola, and O Akingbade. "Causes, Enablers and Perceived Solutions to Teenage Pregnancy: A Qualitative Study in a South-Western State in Nigeria ." *The Pan African Medical Journal* 43, no. 120. (2022): 120.
- Eyeberu, Addis, Tamirat Getachew, Addisu Sertsu, Mekonnen Sisay, Yohannes Baye, Adera Debella, and Addisu Alemu. "Teenage Pregnancy and Its Predictors in Africa: A Systematic Review and Meta-Analysis." *International Journal of Health Sciences* 16, no. 6 (2022): 47.
- Golden, Shelley D, Kenneth R McLeroy, Lawrence W Green, Jo Anne L Earp, and Lisa D Lieberman. "Upending the Social Ecological Model to Guide Health Promotion Efforts toward Policy and Environmental Change." *Health Education & Behavior*. Sage Publications Sage CA: Los Angeles, CA, 2015.

- Golman, Mandy, Amy Luu, Nila Ricks, Vanessa Norris, and Sarah Nguyen. "Engaging Church Leaders in the Reduction of Teen Birth Rate in High-Risk Areas." *International Quarterly of Community Health Education* 41, no. 2 (2021): 125–32.
- Jemmott, John B., Loretta S. Jemmott, and Geoffrey T. Fong. "Efficacy of a Theory-Based Abstinence-Only Intervention Over 24 Months." *Archives of Pediatrics & Adolescent Medicine* 164, no. 2 (February 1, 2010). <https://doi.org/10.1001/archpediatrics.2009.267>.
- Kamwangamalu, Nkonko M. "Ubuntu in South Africa: A Sociolinguistic Perspective to a Pan-African Concept." *Critical Arts* 13, no. 2 (1999): 24–41.
- Kravchenko, E N, T P Shevlyukova, G B Beznoshchenko, and I A Bulatova. "Problems of Teenage Pregnancy: Obstetric and Perinatal Outcomes." *Perm Medical Journal* 41, no. 2 (2024): 52–60.
- Lartey, Emmanuel Yartekwei. *In Living Color: An Intercultural Approach to Pastoral Care and Counseling*. Jessica Kingsley Publishers, 2003.
- Macleod, Catriona. "The 'Causes' of Teenage Pregnancy: Review of South African Research—Part 2." *South African Journal of Psychology* 29, no. 1 (1999): 8–16.
- Madlala, Siphiwe T, Maureen N Sibiba, and Thembelihle S P Ngxongo. "Perceptions of Young Men at the Free State School of Nursing with Regards to Teenage Pregnancy." *African Journal of Primary Health Care and Family Medicine* 10, no. 1 (2018): 1–7.
- Madume, Ingrid, and Love Daima Dibia. "Causes and Effects of Teenage Pregnancy among Female Secondary School Students in Abua/Odual Local Government Area of Rivers State." *Journal of Research in Humanities and Social Science* 9, no. 7 (2021): 1–7.
- Mbiti, John S. *African Religions & Philosophy*. Oxford: Heinemann, 1990.
- Mokhutso, Jacob. "Ubuntu: A Countermeasure for Challenges of Child-Rearing." *Pharos Journal of Theology* 103 (November 2021). <https://doi.org/10.46222/pharosjot.1033>.
- Molokoane, Felicia. "Teenage Pregnancy Considerations." In *Obstetrics and Gynaecology Forum*, 28:23–26. In House Publications, 2018.
- Naidoo, Saloshni, and Myra Taylor. "The Association of Social Influences, Modeling Behavior, Self-Efficacy, and Communication With Teenage Pregnancies Among School Students in South Africa." *The Journal of School Nursing* 37, no. 2 (April 9, 2021): 128–38. <https://doi.org/10.1177/1059840519855372>.
- Nyakato, Viola Nilah, and Susan Kools. "'It Takes a Village to Raise a Child': Loss of Ubuntu Led to an Escalation of Teenage Pregnancy during the COVID-19 Lockdown in Uganda." *Culture, Health & Sexuality* 28, no. 5 (2026): 549–61.
- Nyandeni, Sinethemba, Fhumulani M Mulaudzi, and Nombulelo V Sepeng. "Assessing the Incorporation of Ubuntu Principles and Values in the Interventions for the Prevention of Teenage Pregnancy: A Scoping Review." *African Journal of Reproductive Health* 28, no. 10 (2024): 189–207.
- Organization, World Health. "Adolescent Pregnancy: Adolescence Is a Time of Opportunity during Which a Range of Actions Can Be Taken to Set the Stage for Healthy Adulthood: Factsheet." World Health organization, 2014.
- Raya-Diez, Esther, Cecilia Serrano-Martínez, Elena Domínguez San Pedro, and Pilar Montañés-Muro. "Risk Factors and Social Consequences of Early Pregnancy: A Systematic Review." *Sage Open* 14, no. 3 (2024): 21582440241271324.
- Roets, Lizeth, and Ibom Salome Clemence. "Teenage Pregnancy Prevention: The Church, Community, Culture and Contraceptives." *African Journal of Reproductive Health* 25, no. 6 (2021): 51–57.
- Rolfe, David J. "Pastoral Opportunities to Help Families Prevent Teenage Pregnancy." *Journal of Pastoral Care* 38, no. 1 (1984): 29–43.
- Spoorenberg, Thomas, Ellen Øen Carlsen, Martin Flatø, Marcin Stonawski, and Vegard Skirbekk. "The Global Adolescent Fertility Decline Is Counteracted by Increasing Teen Births in Sub-Saharan Africa." *Studies in Family Planning* 55, no. 3 (September 15, 2024): 229–45. <https://doi.org/10.1111/sifp.12273>.

- Thobejane, Tsoaledi Daniel. "Factors Contributing to Teenage Pregnancy in South Africa: The Case of Matjitjileng Village." *Journal of Sociology and Social Anthropology* 6, no. 2 (2015): 273–77.
- Tyumre, Zweledinga. *Male Teenagers and Pregnancy: A Challenge to Pastoral Care*. University of Pretoria (South Africa), 2016.
- Willan, Samantha. "A Review of Teenage Pregnancy in South Africa—Experiences of Schooling, and Knowledge and Access to Sexual & Reproductive Health Services." *Partners in Sexual Health* 8 (2013): 1–63.
- Wood, Lesley, and Farah Hendricks. "A Participatory Action Research Approach to Developing Youth-Friendly Strategies for the Prevention of Teenage Pregnancy." *Educational Action Research* 25, no. 1 (2017): 103–18.

ABOUT AUTHORS

Dr. Lufuluvhi M. Mudimeli is a Senior Lecturer and Head of Department (HOD) in the Department of Human Sciences at the University of Venda. She specializes in Systematic Theology, with particular research interests in social justice, women, culture, church, gender, and leadership. Dr. Mudimeli is an alumnus of the Study of the United States Institutes (SUSI) program, where she focused on religious pluralism. She has delivered addresses at numerous women's conferences, gatherings, and fellowship events, inspiring and empowering audiences with insightful, impactful presentations. Her speaking engagements have focused on women's leadership, the church, and community empowerment, earning her recognition as a respected and engaging speaker.

Hundzukani Portia Khosa holds a Doctorate in Theology from the University of Pretoria. She is an associate Professor at North-West University, School of Christian Ministry and Leadership. Prior to joining North-West University, she was a senior lecturer in the Department of Human Sciences at the University of Venda.