

The High Cost of Early Adulthood for Adolescent Mothers: A Call for Reorientation of Social Norms in Eswatini

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Abstract

Cases of teenage pregnancies are most acute in developing nations. UNFPA (2018) reports that 20 000 girls below the age of 18 give birth every day, and they miss opportunities for personal development. Furthermore, they experience social rejection because they have contravened cultural norms by falling pregnant before marriage. Many girls pay even a higher price as latest research reveals that pregnancy and childbirth are now a leading cause of death for females at the ages of 15-19 in developing countries, as about 70 000 die each year (UNFPA 2018). Premised on broader sociological and feminist analysis of social norms, the paper argues that socialisation in patriarchal spaces train women to fit into an already prescribed society from which they draw their identity. They learn to understand themselves in terms of patriarchal super-ordination and subordination of being in the centre or being on the margin. Contravening social norms has lifetime repercussions, which include loss of the socially constructed identity. Teenage mothers therefore have a high price to pay for falling pregnant before marriage. The paper further calls for the reorientation of both injunctive and descriptive norms so that they become accommodative and self-empowering to young women.

Keywords: Teenage pregnancy, Patriarchy, Marriage, Reorientation, Identity

Introduction

“When a girl becomes pregnant, her present and future change radically, and rarely for the better” (UNFPA, 2013).

Unintended adolescent pregnancies have remained daunting in developing nations. Other parts of the world may have found some creative ways of dealing with this challenge, but with developing nations like Eswatini, societal disposition towards premarital fertility continues to be stigmatising and discriminatory. Young girls are punished and ostracised for dishonoring cultural values on women sexuality to an extent that they are expelled, some from their homes and others from school. Thus, whilst pregnancy itself is already difficult for adolescent girls, the stigmatisation makes it worse, especially in a patriarchal context where abstinence before

marriage attracts a high premium (Nyawo *et al*, 2013; Zungu, 2000). The following scenario captures a life story of a teenage who paid a high price of motherhood in childhood.

A true life story

My cousin *Nomisa (not her real name) committed an ‘unpardonable sin’ when she fell pregnant at the age of 13. She was an innocent teenager doing Form 1 in a girls’ school that also had a hostel facility. She was reported to be mentally unstable by the matron responsible for the girls’ welfare at the hostel. Her behaviour exhibited hallmarks of female hysteria; she would have outbursts that she was seeing scary animals advancing towards her. She would also be restless, nervous and irritable. Family members had to fetch her from the hostel, tied with ropes at the back of the family car because she had become violent. It took time for the family to discover that she was pregnant as everybody focused on her mental state, with some even thinking that she had been bewitched. When she stabilized her mother wanted to return her to the boarding school to continue with her education. It was then that she declared her pregnancy, much to the disgust and annoyance of all the elderly members of the family. They all blamed her for embarrassing their highly esteemed family. She was accused of being a loose young woman that intentionally enticed the boy who eventually impregnated her. Unfortunately, no one was ready to listen to her side of the story, that she was raped by a stranger whom she met whilst running family errands. No one even bothered to take her for psychotherapy after the unfortunate incident. Nomisa was called by all sorts of dehumanising names and she became more of a black sheep in the family, in the community and at church. She was left alone to struggle with her ordeal, as she also dealt with the social rejection from every corner of the society. Her grandmother sarcastically suggested that she secures herself a job so that she could raise money to take care of her baby, now that she had chosen to be an adult. The biggest question was, where would a pregnant 13 year old be employed?

Nomisa had no choice but to brew traditional beer which she sold to poverty-stricken community members. The young girl was frustrated and bitter against herself and life in general. She had to carry all the blame from family members, who blamed her for being so weak that she could not control her sexual drives leading to the loss of the most precious commodity of the family, her virginity. Her peers were warned to shun her lest she taught them to engage in early sexual escapades. Nomisa eventually gave birth to a bouncing baby girl through caesarian section. She developed severe post-traumatic stress disorder as she could not cope with intrusive memories of the sexual assault. She was emotionally detached from the

innocent baby, whom I assume reminded her of the rape. It is very unfortunate that she never accepted the baby as part of her life. Since Nomsa had not impregnated herself the logical question we silently asked ourselves as peers was, where was the perpetrator? Shockingly, the family made no attempts to have him apprehended, which proved that according to the family elders Nomsa had made herself a bed on which she now had to lie.

After bitter years of pain and frustration one of the uncles advised her to go back to school, and he took the responsibility of her tuition. She was able to matriculate and proceeded to tertiary for a three year diploma in teaching. She furthered her studies and obtained a degree in education. In spite of her success, her painful experiences as an adolescent mother left her with deep seated scars that would never heal. Thus the impact of sexual violence goes beyond physical injuries and it traumatizes the victim for life, leaving her scared, ashamed, lonely and plagued by nightmares, flashbacks, and other unpleasant memories. This is the rough journey that Nomsa had to travel alone. Surrounded by judgemental family members she would question her self-worth and value in the family. She perceived herself “dirty” and more of a “damaged property.” As she matured, relationships felt dangerous, and intimacy with any man became impossible. As we speak Nomsa who is now in her mid-fifties has remained single, and she had never had any interest in love relationships. She also has no relationship with her daughter who is now a fully grownup adult. This true life story confirms UNFPA’s assertion that teenage pregnancy radically changes the life of a girl for the worse (UNFPA 2019).

The high rate of teenage pregnancy in Eswatini

Teenage or adolescent pregnancy in Eswatini remains a cause for concern. The World Health Organisation (WHO) defines a teenager as a young person aged 10-19 yrs (WHO, 2003a). According to the 2015 Eswatini State Youth Report, by 2007, teenage pregnancy was at 24% and over the years it has not shown a responding decline despite a plethora of programmatic interventions regarding sexual and reproductive health (UNFPA, 2015). The adolescent birth rate in the country stands at 87 per 1000 adolescents, and teenage pregnancy is one of the main factors contributing to school dropouts (WHO, 2014). Thus adolescent mothers usually obtain less education because they are school dropouts. They also have fewer job possibilities, lower income, and usually live in poverty (Van Eijk, 2007).

The high rate of pregnancies amongst teenagers is also evidence that many young Eswatini practise unprotected sex. According to the 2015 Youth Report of Eswatini, whose statistics

have remained authentic to date, knowledge of HIV status and both the prevalence and incidence rates of HIV within the youth population are areas of concern. The report claims that many sexually active young people did not know their HIV status prior to the testing. For instance, in 2014, 80.2% of women between 15-24 who had been sexually active had been tested and knew their results. Only 62.3% of their male counterparts had been tested and knew their HIV status. The 2015 UNFPA report lists interventions implemented to curb the high pregnancy amongst teenagers. They include comprehensive sexuality education introduced in schools and communities through teacher training and peer education under the *Inqaba* pillar of HIV/AIDS, Gender, and Life Skills; the Life Skills Education (LSE) curriculum which includes comprehensive and age-appropriate sexuality education; Ministry of Health partners tasked with improving access to sexual and reproductive Health Information and Services (SRH) in the communities; the Integrated Youth Friendly Health Services Programme (YFHSP), which is a package of healthcare services targeted specifically at young people; and Health Care Workers (HCW) who have been trained to understand diverse sexual and reproductive rights. However, despite all these interventions the number of young girls who fall pregnant at school remains high.

Cultural orientation on virginity in traditional societies

Though vastly differentiated by religion, ethnicity and geography, cultures in most African traditional societies share similar attitudes towards a girl's virginity. Sexual experience is absolutely barred before marriage and thus virginity is eulogized and enforced through religio-cultural institutions (Leclerc- Madlala, 2001). Through chastity talks, young girls are socialised to accept that honor and shame are so intrinsically associated with their virginity that personal affection and sexual choice do not matter much (Botting et al, 1998). Plausibly, in some African societies, virginity is not only important as a form of sexual control but also as a business asset where the girl's family would accrue some wealth through *lobola* (Ritcher & Mlambo, 2005). As such, the family would use the daughter's virginity as a bargaining chip since a virgin would definitely fetch a higher price as opposed to a sexually-experienced one (Le Roux, 2006). Thus, loss of virginity before marriage usually draws the wrath of the chief beneficiaries in patriarchal systems, resulting in serious repercussions like social rejection and excommunication of the girls from the social institutions. However, Scorgie (2002) notes that whilst earlier injunctions regarding virginity were the consequence of a patriarchal system, current health related influences have renewed the emphasis on virginity. In response to the ravages of AIDS and teen pregnancies African cultures have brought virginity back into focus,

with many society and culture leaders insisting that enforcing virginity before marriage is one of the ways to prevent the spread of AIDS and teen pregnancies (Bhana, 2016).

Many traditional structures regard virginity testing or enforcing abstinence, as the “only way to instil what they view as the lost cultural values of chastity before marriage, modesty, self-respect and pride” (Leclerc- Madlala, 2001:535). With the rise in the number of people dying of AIDS, community leaders have shown interest in reviving the old cultural tradition of virginity testing as a way to safeguard against HIV and AIDS. Kinoti (2005) argues that virginity testing is used as one method to check the onslaught of the pandemic in order to encourage abstinence, which is one of the ABC strategies for preventing the spread of the virus. Often those in favour of virginity testing claim that the benefits include not only the prevention of the spread of HIV and AIDS, but also teenage pregnancy, the detection of children who are sexually abused, and the easing of the burden on pensioners who are forced to take care of unplanned babies (Le Roux, 2006). However, the practice of virginity testing has come under heavy criticism.

Whilst some researchers argue that virginity testing is used as a means of exerting control over women and their sexuality, Bower (2005) finds it valuable because it ensures that girls who are virgins have much broader significance. Virgins are seen as morally pure and more important because they are able to maintain their virginity up until marriage. According to Scorgie (2002) the association of female virginity with pride and dignity are commonplace in marriage, and indeed central to understanding what is at stake for the *bahloli* (testers). A girl who becomes pregnant before marriage is ostracised by girls who have passed the test for she has brought shame and disgrace both upon herself and her peers. Nowadays the dignity and pride that virginity is believed to bestow on the individual girl continues to be linked to the avoidance of premarital motherhood (Zungu, 2000). Sexual abstinence is constructed as an end in itself, quite separate from its role in enabling fertility control and the prevention of sexually transmitted diseases and HIV transmission. According to Scorgie “Adolescents who have sex are seen as people who have lost the vitality of youth and have become old”, (2002:10).

The foregoing presents a picture on how traditional societies value virginity, and Eswatini is no exception. As it is the case in other African societies, Eswatini’s societal prescriptions lay great emphasis on female virginity before marriage because it defines and creates an identity for young girls and that of their families. Conversely, loss of virginity has sombre repercussions which include social rejection, dropping out of school, verbal punishment and even

excommunication from family. It also results in some identity crisis for the girl, given that she cannot be classified under any recognised category of women in the society. Hence she is labelled with pejorative and demeaning names like *umtalakanye* (one that has given birth once). Preserving virginity therefore, becomes important because it constructs your identity as a young woman, and increases your matrimonial value as your family would be in a position to negotiate for a high *lobola* with prospective in-laws. A special cow known as *insulamnyembeti* (one removes tears) is given to the girl's mother as a token of appreciation for providing a pure daughter in-law (Nyawo, et al 2013). Culturally, one that has had a child out of wedlock is said to have been – *sewephekile* (broken). Women are therefore expected to maintain a high level of morality only to get married to men who unfortunately might have impregnated other girls. This discriminates against young women because there is no corresponding expectation for boys to remain virgins until marriage. In addition, boys who are not virgins are expected to marry virgins, not the 'broken ones'. In fact boys who get children before marriage are celebrated culturally as that assures the family early enough of its continuity.

Theoretical considerations on identity

As alluded above the article also draws on sociological theories to explain the high value that a traditional society like Eswatini attaches to virginity, and conversely its response to adolescent motherhood. The identity theories to be specific help us to understand why and how these traditional societies construct women's identities. The theories further advocate for the creation of the inner being which enables one to find value in herself, and not to be defined by social constructions. Although identity is a multi-faceted concept that can be studied and analyzed from different perspectives (Fearon, 1999), a broad definition of identity presents it as the understanding that people hold about who they are and what is meaningful to them (Giddens, 2005:29). Owing their theorising to the readings of Erik Erikson (1950), the earliest exponent of identity, later sociologists and social psychologists (Thoits 1986; Linville 1987; Nagel 1995; Stets and Burke 2000; Stryker and Burke 2000) have unpacked the concept of identity and formulated some identity theories. Cinoglu and Arikan (2012) used the listed theorists as their springboard to explain identity construction. Exploring social identity to explain identity formation, Stets and Burke (2000:225) argue that individuals place themselves in social categories which are parts of a structured society and they exist only in relation to other contrasting categories; for example women versus men, black versus white. Each category has more or less power, prestige and status. They further observe that social categories herald individuals in that they are born in an already prescribed society. Individuals then draw

their identities mostly from the socio-cultural and religious constructions. Other social identity theorists (Tajfel 1981, Tajfel and Jonathan, 1979) have argued that an individual is linked to the social world through a conception of the self-composed various social identities. As elaborated by Giddens (2005) these characteristics can be seen as markers that indicate who, in a basic sense, that person is, whilst at the same time placing that person in relation to others who share the same attributes. Examples of social identities are mother, married, girl, teacher, Christian and student. Sociologists further observe that an individual has multiple social identities which work simultaneously to show the many dimensions of his or her life. However, there would be a primary identity in one's life which would inform and shape the secondary identities that one has developed (Stets and Burke, 2003). That is why sociologists would often speak of the power of master status which cuts across all other statuses that an individual might have (Cinoglu and Arikan, 2012:1115).

Identity theories concern themselves with the formation of the '*me*', whilst exploring ways in which interpersonal interactions shape an individual sense of self (Hitlin, 2003:119). According to Stryker and Burke (2000) an identity theory holds that individuals are a compilation of discrete identities, often tied to their social roles which become salient as situations call for them. Similarly Stets and Burke (2000) have pointed out that in identity theory, the core of an identity is the categorisation of the self as an occupant of a role, and the incorporation into self of the meanings and expectations associated with that role and its performance. These expectations and meanings form a set of standards that guide one's behavior in a given context (Burke 1991 in Stets and Burke 2000:225).

Social identity theory and identity theory according to Hitlin (2003) describe the fundamental interplay between the individual and social world, in as far as the construction of one's identity is concerned. The relationship between the two theories is further illustrated by Hogg et al. (1995) and Turner et al. (1987) in Stets and Burke (2000), where they speak of depersonalisation as the central cognitive process in social identity and self-verification in identity theory. Depersonalisation is seeing the *self* as an embodiment of the in-group prototype, rather than a unique individual, whilst self-verification is seeing self in terms of the role containing the meanings and norms that the person associates with the role. So, as noted by Stets and Burke (2000:232);

...the processes of depersonalization and self-verification show us that membership in any social group or role includes one's identification with a category, and the behaviors

that we associate with the category...and both processes refer to and reaffirm social structural arrangements.

They believe that identity formation is a process that begins with self-categorisation, where one realises and internalises the roles that society expects her or him to fulfill. Put differently, the self learns to become the individual that her or his society wants her or him to be. In their words: “the ‘self’ is reflexive in that it can take itself as an object and can categorise, classify, or name itself in particular ways in relation to other social categories or classifications” (Stets and Burke, 2000:241). Similarly, Thoits (1986) concludes that the core of an identity is the categorisation of the self as an occupant of a role, and the incorporation into the self, of the meanings and expectations associated with that role and its performance. These expectations and meanings then shape and channel one’s behavior. It is worth noting that generally, sociologists and social psychologists understand self to start with the presupposition that there is a reciprocal relationship between self and society. Drawing on Stryker (1980) and Stets and Burke (2003), Cinoglu and Arikan (2012:1123) maintain+6+ that the existence of this reciprocal interaction between self and society could be a proclamation of the acceptance of not only the power of self over society, but also the power of society over the self in its identity formation.

The high cost of teenage motherhood

The identity theories discussed above confirm that identities are social constructs drawn from certain imageries in society. What therefore defines, shapes and channels girls’ sexual behaviors in traditional societies like Eswatini is determined by society. Family, school and church, mass media and technology then become social agents that reproduce the constructs and reinforce what constitutes acceptable and unacceptable behaviour (Willis, 1990). Thus, in the case of teenage pregnancy girls who have not fallen pregnant seem to have a positive sense of *self* which allows them to perceive themselves as having some self-worth, whilst the opposite happens to the ‘broken’ ones. However, it must be noted that even the pride of the ‘pure’ girls operates within the poles of social norms that define what behavior is accepted and expected from them. For Higgins (1987), when people act in ways that are congruent with self-standards they feel pride or relief, whereas failure to match self-guides result in feelings of guilt or anxiety. Confirming this assertion WLSA (2001) notes that women are made to understand that *lobola* gives self-worth and respect, and helps to keep marriages together.

In most customary systems paying *lobola* is portrayed as part of a rich African heritage whose disappearance would result in people's loss of identity and sovereignty (Leclerc- Madlala, 2001). The culturally imposed "benefits" of *lobola* are so emphasised in families that young girls can view themselves as sources of wealth, and therefore important. Through socialisation they are made to believe that in addition to the fact that they are a source of wealth to their families, the number of cattle controlled by their fathers reflects his prestige and the homestead's social status and strength (Nyawo, 2014). Such perceptions of themselves subsequently contribute to the construction and reinforcement of their *self*.

Self theorists (Stryker 1980; Thoits 1986; Linville 1987; Nagel 1995; Stets and Burke 2000; Cinonglu and Arikan 2012) have shown that *self* is created out of the mind's interpretation of society and the individual; that is when a woman in this particular context, would know that she exists as a distinct individual in the society. The interaction between self and society shows that one's identity is a product of what is approved and confirmed by society (Cinonglu and Arikan, 2012:1116). However, in a society like Eswatini where the woman's self-concept is developed whilst couched in patriarchal language the young woman's virginity becomes crucial that she would attract high *lobola*, and she would bear children that would define her. Stets and Burke (2000:226) maintain that the nature of the society and its perceptions become the defining indicator of the identity of *self*.

Dickerson (2004:337) explores the concept of self to include self-doubt which she claims women of the 21st century grapple with. She that according to cultural expectations a few decades ago women had one major goal to achieve; to get married and have children. They would feel like failures if they failed to measure up to this standard, and self-doubt would creep in. According to Dickerson (2004) as a woman wrestles with what she believes she should do and what she might want to do, self- doubt sets in, and she loses her sense of direction. Hence, in line with Dickerson, we can infer that since the teenagers' identities are social constructions, those who fall pregnant become vulnerable to self-doubt and identity crisis, caused by their failure to comply with societal norms and perceptions.

Reorientation of social norms

A social norm is the accepted behavior that an individual is expected to conform to in a particular group, community or culture. These norms like upholding virginity become a shared social expectation which often creates the foundation of correct behaviors in societies. Literature on social norms (UNICEF, 2010) suggests that people comply with norms because

they internalise the values embodied in those norms; because they are rewarded for compliance; and are motivated to avoid sanctions such as social disapproval and shunning, violence and exclusion from social institutions. Kallgren et al (2000) who divide them into injunctive and descriptive norms assert that injunctive norms have a moral tone and they characterize what people should do, whereas descriptive norms represent typical behavior or what most people do regardless of its appropriateness. However, whether injunctive or descriptive, social norms are part of the way in which power inequalities are maintained. In patriarchal spaces adolescent girls are usually at the bottom of power hierarchies, and they have limited say over decisions that affect them. Women who culturally share the same status with their girls are often constrained by ‘patriarchal bargains’ that involve trading of autonomy for security and they perceive their daughters’ best interests to be met by conformity to norms (Kandiyoti, 1988). This may explain why Mackie et al (2015) find social norms likely to be stickiest when people have most to gain from compliance and most to lose from challenging them.

Having established that social norms determine behavior patterns and they construct people’s identities, a shift in them is not impossible because they are not static. Watson (2012) finds them to permeate and are reinforced through different social institutions such as households, religious institutions, the media and education. Thus, if particular norms are challenged in one institution, this will facilitate change in the others, and the entire socialisation will be re-designed. It is for that reason that this paper advocates a shift in social norms, which will automatically entail a shift in identities.

Conclusion

The paper sought to establish that teenage pregnancy is rampant where women are born in prescribed spaces and they exist within the marked poles of patriarchy. Their normative behavior is shaped by injunctive and descriptive norms. For girls who have lived in congruence with the societal standards, and they have not fallen pregnant as teenagers, their self or identity becomes solid. On the contrary, teenagers like Nomsa, who become mothers before marriage permanently lose their socially constructed identity, rendering teenage pregnancy a cost that one pays for life. Hence, a shift in social norms, which will automatically entail a shift in identities, is advocated for.

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