

## ORIGINAL RESEARCH ARTICLE

# Understanding unwanted pregnancy from the perspectives of the Namibian male youth

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## Abstract

The aim of this paper was to understand the perceptions of Namibian male youth regarding unwanted pregnancy. This study is based on secondary data from the study titled "Understanding factors associated with unwanted pregnancy in Namibia, it used mixed methods, integrating qualitative and quantitative data collection and analysis. For this study, only responses pertaining to male youth aged 15 to 22 years were used for analysis. The research findings showed that, even though the male youth knew about the consequences of pregnancy, they still engaged in unprotected sex. Male condoms were the only male controlled contraceptive available to male youth and condoms were seen to protect against HIV, STIs and unwanted pregnancies. Even though the male youth had this knowledge, it appears that inconsistent condom use remained a challenge. The respondents were aware of and had limited access to condoms, more than 30% of the male youth had impregnated female youth. Impregnating and being a learner-parent inhibit the educational attainment of male youth. Unwanted pregnancy is a concern among male youth and this study recommends targeted sexual and reproductive health intervention for male youth. (*Afr J Reprod Health* 2020; 24[3]: 41-50).

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**Keywords:** Unwanted pregnancy, male youth perspective, contraceptive use, educational attainment

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## Résumé

Le but de cet article était de comprendre les perceptions des jeunes hommes namibiens concernant les grossesses non désirées. Cette étude est basée sur des données secondaires de l'étude intitulée «Comprendre les facteurs associés aux grossesses non désirées en Namibie, elle a utilisé des méthodes mixtes, intégrant la collecte et l'analyse de données qualitatives et quantitatives. Pour cette étude, seules les réponses concernant les jeunes hommes âgés de 15 à 22 ans ont été utilisées pour l'analyse. Les résultats de la recherche ont montré que, même si les jeunes hommes connaissaient les conséquences de la grossesse, ils avaient toujours des relations sexuelles non protégées. Les préservatifs masculins étaient le seul contraceptif contrôlé masculin disponible pour les jeunes hommes et les préservatifs étaient considérés comme protégeant contre le VIH, les IST et les grossesses non désirées. Même si les jeunes hommes avaient cette connaissance, il semble que l'utilisation irrégulière du préservatif demeure un défi. Les personnes interrogées connaissaient et avaient un accès limité aux préservatifs, plus de 30% des jeunes hommes avaient fécondé des jeunes filles. L'imprégnation et le fait d'être un apprenant-parent inhibent le niveau de scolarité des jeunes hommes. Les grossesses non désirées sont une préoccupation chez les jeunes hommes et cette étude recommande une intervention ciblée de santé sexuelle et reproductive pour les jeunes hommes. (*Afr J Reprod Health* 2020; 24[3]: 41-50).

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**Mots-clés:** Grossesse non désirée, perspective des jeunes hommes, utilisation de contraceptifs, niveau de scolarité

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## Introduction

The United Nations Department of Economic and Social Affairs (UNDESA) defined youth as an individual between 15 to 24 years<sup>1</sup>. Whilst in Namibia the category youth is defined as a person between the ages 16 to 30 years<sup>2</sup>. However, for this study, the UNDESA definition of youth will be used as it best support the discussion of male youth aged 15 to 22 years and unwanted

pregnancy within the Namibian context. The perspective of male youth regarding unwanted pregnancy is unknown in Namibia. Very little is known about how unwanted pregnancy affects male youth educationally, psychologically and financially<sup>3,4</sup>. Unwanted pregnancy continues to be perceived as a problem for female youth because childbearing has traditionally been viewed as a female issue, while the male youth are ignored. This is echoed through Namibian documents,

“teenage mothers are more likely to experience adverse pregnancy outcomes and are more constrained in their ability to pursue educational opportunities than young women who delay childbearing”<sup>5</sup>. Such statements are common in the discourse regarding unwanted pregnancy, where no reference is made to the male youth and how male youth are affected by unwanted pregnancy. This is part of a larger problem, namely the relative prior neglect of the roles males should play during pregnancy, birth and childrearing, in general, among all age groups<sup>6</sup>.

The Namibian Government, the Ministry of Education, introduced an Education Sector Policy for the Prevention and Management of Learner Pregnancy, with the overarching goal of improving the prevention and management of learner-pregnancy in Namibia. This policy’s aim is to decrease the number of learner-pregnancies and increase the number of learner-parents who complete their education<sup>7</sup>. It further emphasizes the importance of the education sector to prevent and manage learner-pregnancy by targeting both male and female learners. In the event where a learner is pregnant or impregnated, the school shall endeavor to manage the situation by supporting pregnant learners, expectant fathers and learner-parents to combine the continuation of their education with the responsibilities of parenthood, without compromising the best interests of the infant or the learner. The deliberate attempt to highlight the role of a pregnant learner and that of a learner-parent is because the school recognizes the gendered responsibility of parenting, as well as that from the onset, male youth who impregnate must be held accountable and must assume their parental responsibility. The policy outlines measures that must be taken when a male youth has impregnated, as well as provisions that are made for counselling where the male youth is made aware of the consequences of accepting or denying paternity and of the possible consequences of providing false information. The male youth should be encouraged to take full responsibility for his actions and to play a full and active role in parenthood. Attendance and completion of learner-parent education is a priority

in the policy. The schools and the family are urged to do everything within their powers to ensure that no learner, irrespective of whether male or female, should drop out of school because of unwanted pregnancy and learner-parenting.

The distinction between learner-parent and pregnant learner is deliberate. Even in the context of South Africa, the discourse on learner pregnancy cautions not to include learner fathers along with pregnant learners as a way of ensuring that the approach to the challenges of pregnancy and parenthood is based on gender equality<sup>3</sup>. Unwanted pregnancy does affect the male youth; hence, there is a need for a critical reflection and engagement with male youth on issues of masculinity, including their role during pregnancy, child birth and rearing, as well as an examination within families of their engagement in prevention of pregnancy, as well as their responses to pregnancies.

## **Methods**

This paper employed qualitative and quantitative data from a secondary study titled “Understanding factors associated with unwanted pregnancy in Namibia” conducted by the Multidisciplinary Research Center (MRC) of the University of Namibia on behalf of the World Health Organization (WHO) and the United Nations Population Fund (UNFPA). The study collected information in all fourteen regions of Namibia from 2826 female youth (80.3%) and 685 male youth (19.7%) aged 15 to 22 years who had experienced or had not experienced the event of pregnancy. To collect quantitative data, a pre-coded survey instrument was administered during face-to-face interviews with the sampled respondents. Purposive sampling was employed to gather data. Focus group discussions were conducted with the following categories of respondents; male and female youth, out of school and school going youth; those who experienced pregnancy and those who did not experience pregnancy and those residing in both urban and rural areas. Key informant interviews were conducted with education and health staff and religious leaders, as well as parents. Participation

in the study was voluntary and respondents were assured of the highest degree of confidentiality.

For this paper, only the responses of the (685) male youth were analyzed. Similarly, only qualitative responses by the male youth were included in the paper. Three focus group discussions and four case studies were conducted with male youth who had impregnated, while only two focus group discussions were held with male youth who had not impregnated. The study was complemented by qualitative interviews in 6 regions where key informants were included. For this paper, three fathers and three mothers whose male youth had impregnated were included. In each region, one life skills teacher, a school principal and religious leaders were included in the study. A total of 11 health professionals working in primary health care centers and clinics were also interviewed. Other additional, secondary sources of data from existing databases on male youth' perceptions regarding unwanted pregnancy had been widely consulted for analysis.

The objective of this paper was to understand the perceptions of male youth regarding unwanted pregnancies. The paper assessed the level of unwanted pregnancies among male youth aged between 15 to 22 years, residing in urban and rural areas in Namibia and those in and out of school. This paper also enquired about the perceptions of parents, educators and community leaders' attitudes towards male youth who impregnate, as well as whether sexual and reproductive health services are availed to the male youth. Finally, the overall objective was to analyze the patterns of sexual behavior of male youth to design appropriate interventions for curbing unwanted pregnancy.

## **Results**

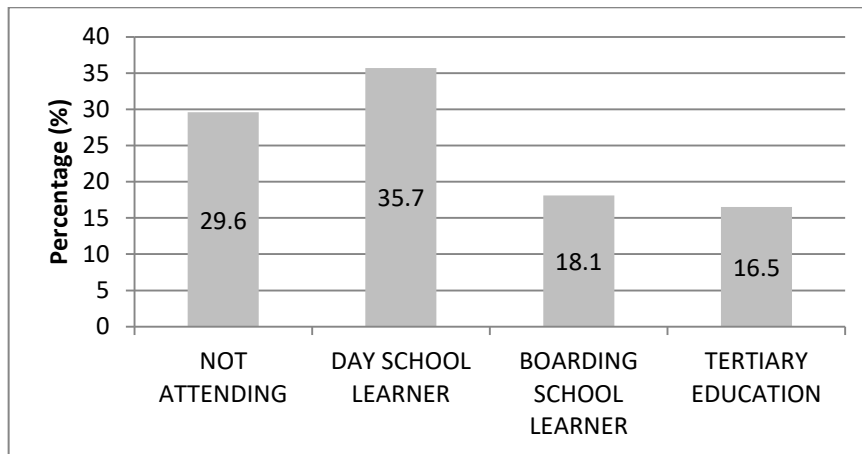
The study interviewed 685 male youth nationally of whom 29.6% were out of school, 35.7% were day learners, 18.1% were boarding school learners and 16.5% were from tertiary institutions. The study respondents were male youth between 15 to 22 years, and those who resided in both urban and rural areas.

The majority of male youth, who were interviewed (77%), had had sexual intercourse while the remaining 23% indicated that they had never had sexual intercourse. Of the 77% male youth who indicated that they had had sexual intercourse, 67.6% resided in urban areas while 32.4% were from rural areas. Furthermore, 31.4% of the male youth had impregnated while 68.8% of male youth had not impregnated. The high percentages of male youth who engaged in sexual intercourse indicates the importance of securing and maintaining sexual relationships as these are critical to the self-evaluation of masculine success, as well as male peer-group positioning<sup>8</sup>.

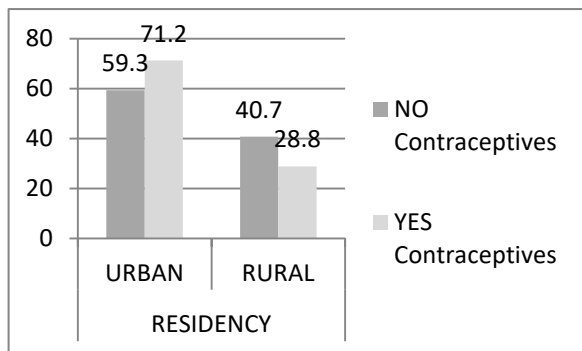
Of those who had impregnated, 19.2% were between the ages of 15 to 16 years, while 23.5% were between the ages of 17 to 19 years. In the 20 to 22-year age group, 41.0% had impregnated. A school principal in the Kunene region narrated dealing with a case of pregnant learners who were in the same class, and commented,

*“You will be told that, they are a couple. You cannot cut that bond and you cannot punish them. The policy does not allow you to punish them. It is like you have circumstances of unrecognized marriages within the school. These kids are meeting at any time, they are walking together, they are discussing and, in this walking, together and discussing, they are planning again sexual activities. And it is so uncomfortable”.*

Several male youth (68.8%) indicated that they had willingly had sex without any external influence or pressure, because they wanted to. The desire for sex remains an important factor for male youths<sup>9,10</sup>. Peer pressure also played a role in leading to male youth having sex for the first time, as 24.4% of male youth stated that they had had sex due to peer pressure. More male youth residing in urban areas (70.7%) willingly engaged in sex for the first time. This corresponds with the fact that more male youth (62.9%) had succumbed to peer pressure to engage in sexual intercourse in urban areas. Figure 1 indicates that male youth residing in urban areas are more likely to experiment with sex when compared to male youth



**Figure 1:** Percentages of respondents not attending school, percentages of learners at day school, boarding school and tertiary education



**Figure 2:** Use of contraceptives in first sexual intercourse by urban and rural male youth in Namibia

residing in rural areas. Furthermore, adolescence and sexual development is also determined by the broader family, peers, communities and social context, those influences on adolescent conduct which are related to masculinity and gender, as well as early romantic relationships<sup>11</sup>.

Figure 2 shows that 71.2% of male youth residing in urban areas used contraceptive in their first event of sexual intercourse while only 28.8% of male youth residing in rural areas used contraceptives. It can be deduced from this that male youth residing in urban areas could access contraceptives, condoms, more easily when compared to the male youth residing in rural areas. Dual use of condoms with other female-controlled contraceptive methods remains a challenge among the youth as they appear not to effectively

communicate the use of contraception with their partners<sup>12,13</sup>. Furthermore, sexual reproductive health programmes regarding the prevention of pregnancy never targets male youth in their intervention programmes<sup>14</sup>. Excluding male youth from education regarding the prevention of unwanted pregnancy has led to them taking very little interest in preventing pregnancy because they lack basic knowledge about female birth control methods and the importance of dual contraception. In a focus group discussion with 19-year olds from the Omaheke region in the rural area, one interviewee mentioned the need for men to have a variety of contraceptives that they could control. He stated his frustrations as follows:

*“I get her (his girlfriend) on her arm and take her straight to the clinic and put her in a queue so that she can get her contraceptive .... The government must get some sort of contraceptive for man”.*

Condoms are the only male-controlled contraception available in Namibia and are not easily available in rural areas. The abovementioned 19-year-old and many of his peers raised concern about condoms not being easily accessible for learners who are in boarding schools and those who are in rural areas. Where condoms were accessible, they had to be collected from the life skills teacher’s class or the hostel superintendent; at times they found it

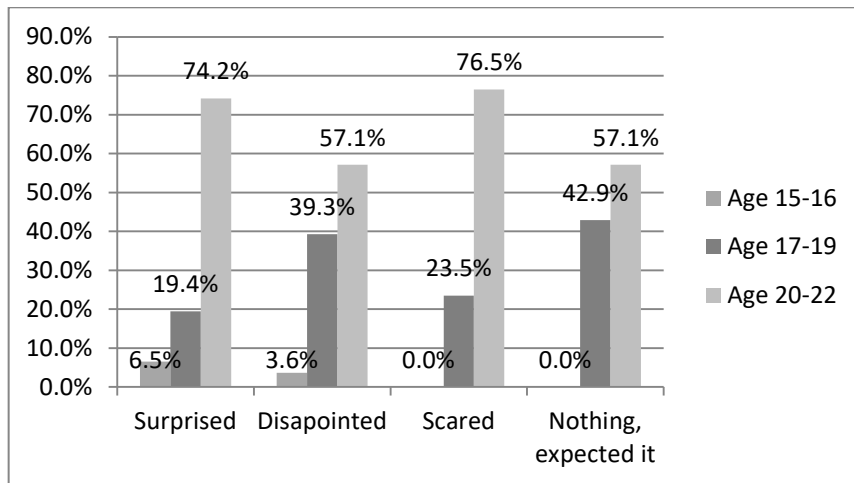


Figure 3: Male youth responses to pregnancy

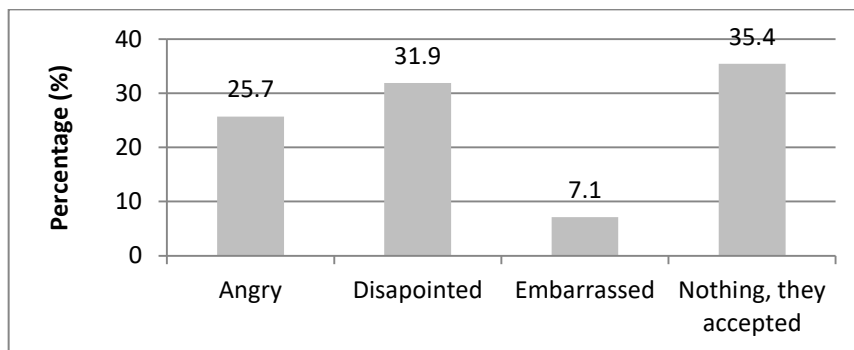


Figure 4: Parents' reactions when they learned about the impregnation

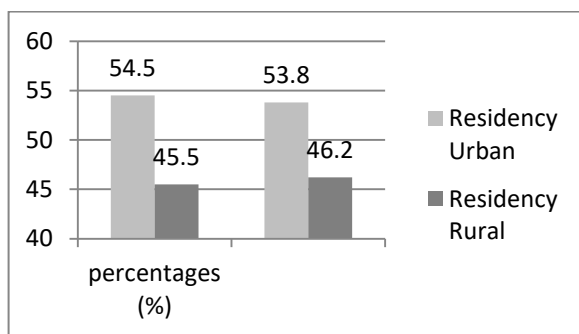


Figure 5: Percentage of male youth who are allowed in school after impregnation by urban and rural residence

embarrassing to collect the condoms. The Life Skills teachers indicated that the male youth were more confident to request for condoms than were female youth.

The study explored the attitudes of the male youth when they learned that they had impregnated. More than 70% of the male youth between the ages of 20 and 22 years of age said that they were surprised and scared when they learned that they had impregnated, while more than 50% of the male youth in the same age group indicated that they were disappointed, and others said they felt nothing as they had expected that they would impregnate. Among the male youth in the age category of 17 to 19 years, about 40% indicated that they were disappointed when they learned that they had impregnated while about the same percentage of male youth in the same age groups were aloof because they had expected that they would impregnate. Around 20% of 17 to 19-year-old male youth were also surprised and scared

when they learned that they had impregnated. Less than 10% of male youth between 15 to 16 years old were surprised and disappointed when they learned that they had impregnated. Overall, most of the male youth said that they did not plan to impregnate, and most of the male youth were ill-prepared for the responsibilities that came with parenting.

An 18-year-old male youth from the Omaheke region, who had impregnated stated,

*“I did not benefit anything from this experience. My girlfriend got pregnant and she is at home and I am here at school, and now I have to support the baby, and I am at school, not working, sometimes I think of leaving school so that I can get work so that I can support my child ..., sometimes when my parents give me money to come pay for the school or pay for the things I need, sometimes I grab some money so that I can go give to the child ... I am suffering. It was a mistake that happened”.*

Another comment from FDGs in the Kunene region from male youth who had impregnated depicts how they experienced being learner-fathers:

*“I was not happy because I know that I am in school. To support a baby is so difficult, because there is no other way to get rid of the pregnancy. I accepted it (the pregnancy)”.*

Male youth who had impregnated were mainly concerned about the economic responsibilities that they were expected to assume to support the expectant mother and the infant. All the male youths in the study who had impregnated alluded to the pressure of wanting to leave school to seek employment. Male youth were also put under pressure by their families and the pregnant partner's families to make financial contribution to the welfare of the expectant partner and the infant. This paper shows that pregnancy for male youth can be a determinant for poor academic performance and school dropout. The parental responsibilities required from them posed tremendous stress on their academic performance.

The respondents were also asked about their parents' reaction upon learning of the impregnation. According to the interviewed male youth, 35.4% of their parents' reaction was aloofness and acceptance of the situation. Parental attitudes towards their sons' sexual behavior could be perceived as condoning<sup>15</sup>, because the responsibility of providing for the expectant partner did not always lie with the learner-father's family, but rather with the pregnant female. However, 31.9% indicated that their parents were disappointed while 25.7% said that they were angry. Approximately 7.1% of the respondents stated that their parents were embarrassed because they had impregnated at a young age.

A mother from the Omaheke region whose son had impregnated described her role as follows:

*“We go visit the lady's (pregnant learner) family to let them know our son is responsible for the pregnancy. We normally wait until the expectant partner is in her 5th or 6th month of pregnancy then we go let her family know. After giving birth, we buy her utilities or give her money for her personal needs or for the baby. Then after all this, what follow is that you will go ask for the child, they might give you the child or not. Like this one here. ... I just asked his father to ask for him and other family response wasn't bad after all ... since I wanted the child so deeply”.*

Parents were also dismayed when they received the news that their sons had impregnated. The father of one male youth who had impregnated in the Kunene region said,

*“In December I was asked, are you aware that your son impregnated? ... I could not believe! It came as a shock!”*

Of the school-going learners, 55.1% stated that when they had impregnated a fellow learner, the school did not support them in terms of counselling and advice. Conversely, 44.9% respondents indicated that the teachers and school principals were supportive towards them. More male youth who had impregnated in urban areas (53.8%) compared to 46.2% of male youth in rural

schools could continue with their education. The response rate of the learner-fathers who indicated that they were not allowed to remain in school due to the pregnancy is worrisome as 54.5% of male youth in urban areas and 45.5% in rural areas dropped out of school because they had impregnated. This implies that the Education Sector Policy for the Prevention and Management of Learner Pregnancy is not yet fully implemented. In a nutshell, it can be deduced that more than half of the schools enforced the policy, while the other half ignored the provisions laid out in the policy. Both urban and rural areas were not enforcing the policy as stipulated.

## **Discussion**

The findings indicate that 77% of the male youth in this study had had sexual intercourse that could lead to unwanted pregnancies. Most of the male youth (67%) who indicated that they engaged in sexual intercourse resided in urban areas. Furthermore, this study also shows that more than 70% of urban male youth engaged in sexual intercourse because they wanted to. Interestingly, the use of contraceptives during first sexual intercourse was the highest among urban male youth. It can be deduced from these findings that urban male youth' experiment with sex and thus need targeted interventions that will help delay sexual experimentation. Factors that lead to sexual experimentation for urban male youth need to be identified, and the consequences of unprotected sex need to be discussed with male youth. Consistent use of contraceptives, particularly male-controlled contraceptives, needs also to be highlighted when sexual and reproductive health education is provided to male youth. The involvement of parents, health professionals and teachers in educating the male youth remains critical.

Only about 32% of rural male youth indicated that they had had sexual intercourse. They thus tended to delay sexual intercourse for longer than urban male youth. Fewer male youth in rural areas (29%) used contraceptives during their first sexual encounter. This finding confirms other studies that claim that access to

contraceptives remains a challenge in rural areas<sup>16</sup>. Highlighting the importance of using contraceptive to rural male youth should be emphasized, and contraceptives that male youth can control (condom) must be made easily accessible. Sexual and reproductive health education must target male youth and should include female-controlled contraceptives, with emphasis on the effectiveness of dual contraceptive use. Being responsible for with whom and how sexual intercourse takes place and the consequences of sexual intercourse should be prioritized when educating both urban and rural male youth about sexual and reproductive health. Excluding male youth from this conversation creates the impression that they are not part of the solution to prevent unwanted pregnancy and other sexually transmitted infections.

All along it has been perceived that male youth are not affected by pregnancy as they do not directly carry the pregnancy. Their education is not halted because of the pregnancy and, overall, the gender division of labor to care for the infant has been seen in many societies to be exclusively the responsibility of the expectant partner or young mother and sometimes her family. Hence, male youth are perceived as irresponsible when it comes to preventing unwanted pregnancy. There is however evidence that unwanted pregnancy affects the overall wellbeing of the male youth<sup>17</sup>. This study also confirms this argument. Across all the age groups that participated in the study, the male youth expressed disappointment, were surprised and scared when they learned that they had impregnated. There were also a considerable number of male youth between the ages of 17 to 22 whose reaction was one of aloofness when they learned that they had impregnated, because they had expected it to happen.

Not all pregnancy that occurs among 15 to 22 year old male youth should be considered unwanted, as there are those who were aware of the consequences of unprotected sex and the results of pregnancy. The biggest worry that was expressed by male youth who impregnated concerned their financial responsibilities. During focus group discussions and case studies with male youth who had impregnated, they alluded to the

burden of having to share the money that their parents gave them with the expectant partner or the infant. Male youth also shared that they felt the pressure to quit their education to find employment so that they could make financial contributions to the expectant partners or the infant. This stressful situation has consequences for the male youth's academic performance and is likely to lead to school dropout. There is, therefore, a need to extend counselling services to male youth who had impregnated and those who are learner-fathers regarding the consequences of parenting and how to balance school and parenthood. Male youth who had impregnated also mentioned that the experience tarnished their relationship with their parents. An 18-year-old male youth from the Omaheke region mentioned that his parents moved him from a prestigious, expensive, private school in the urban areas to a rural, government school as a punishment for impregnating a fellow learner. Furthermore, the amount of money that he used to receive from his parents had also been reduced, because the parents argued that half of the money intended for him, was utilized to provide for the needs of his child. This male youth narrated how the experience of unwanted pregnancy drastically altered his relationship with his parents, reduced the money spent on his upkeep and his lifestyle. He felt that he was severely punished for impregnating a fellow learner. Responses among learner fathers indicated that they were keen to connect with and stay connected to their children and this process needs to be nurtured<sup>17</sup>.

More than 35% of parents were indifferent when they learnt that their son had impregnated. Parents' reaction could be "what is done is done", the situation cannot be reversed, hence the indifference. Conversely, their attitude could support the argument that responsibilities for the expectant partner and the new infant did not fall on the learner-father, neither did it lie with the male youth's family. Gender division of labor, in most societies, assigned child care responsibilities to the expectant female and/or her family, while the male youth who is responsible for the pregnancy is

expected to make a financial contribution to the expectant partner or young mother and her infant. In this study, a proportion of parents reacted with anger and disappointment when they learned that their male youth had impregnated. Some parents mentioned that they did not expect their son to be sexually active and others mentioned that they had taken the time to talk to their son about the consequences of unprotected sex. Despite parental disappointment and anger, all the parents in the study, warned their male youth not to repeat the same mistake and took the responsibility upon them to assist with the care of the infant, financially and physically. Parents who were interviewed also encouraged their sons to continue with their education to be in a better position one day to cater for their children's financial needs.

Unwanted pregnancy is one of the factors that leads to school dropout and poor academic performance. To minimize the impact of unwanted pregnancy on educational attainment, the Ministry of Education introduced the Education Sector Policy for the Prevention and Management of Learner Pregnancy which makes it mandatory for the education sector to support learner-fathers to combine the continuation of their education with the responsibilities of parenthood, without compromising the best interest of the infant or the learner. However, more than 55% of the male youth in this study indicated that they did not receive the necessary support from their teachers when their teachers learned that they had impregnated a fellow learner. Similarly, male youth in the urban areas could continue with their school while male youth in the rural areas were not given the same opportunity. This discrepancy regarding the way in which the Education Sector Policy for the Prevention and Management of Learner Pregnancy is applied in urban and rural areas indicates the need to intensify the campaign concerning unwanted pregnancy by targeting teachers, learners and parents. The respondents from the rural areas seemed to be more ignorant of the stipulations provided in the policy, hence, the need to intensify campaigns in rural settings.



## Conclusion

In formulating educational interventions that aim to reduce unwanted pregnancies, it is increasingly recognized that targeting male youth is crucial, yet it remains a neglected area. Male youth are less likely than female youth to receive sexual and reproductive health (SRH) education in schools and in out-of-school programmes. When male youth receive SRH relating to pregnancy the lessons usually focus on female youth, ignoring the fact that male youth have a different take on gender norms and values that influence their responses to pregnancy. Equally, parents are less likely to talk to their sons about unwanted pregnancy than to their daughters. These reflect traditional roles and attitudes towards pregnancy and appear to have affected male youth's lives negatively when they impregnated. During pregnancy and childbirth, male youth involvement is absent, and this has emotional effects on them. Their role and that of their parents tend to center more on making financial contribution to the expectant partner and the infant. There are, however, indications of male youth and their families who are assuming physical responsibility for the infant and the learner-mother. Most children also grow up without realized affection from their fathers because the bond is not strengthened because of the stereotype that male youth are irresponsible fathers. This, in the long run, may have a psychological effect on both the male youth and their children. Therefore, addressing male youth's SRH needs is an important mechanism for promoting positive development that shapes them to make informed decisions in their daily lives. This will help them to resist peer pressure to engage in sexual intercourse and thus prevent unwanted pregnancy.

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## Conflict of Interests

None of the authors have competing interest to declare.

## References

1. United Nations Department of Economic and Social Affairs (UNDESA). Definition of Youth. Available from: [http://www.un.org/esa/socdev/document/youth/fact-sheets/youth definition.pdf](http://www.un.org/esa/socdev/document/youth/fact-sheets/youth%20definition.pdf). 2015.
2. Ministry of Sport, Youth and National Service. Status of the Youth in the Republic of Namibia. Windhoek: National Youth Service. 2016.
3. Morrell R, Bhana D, and Shefer T. Pregnancy and parenthood in South African schools. In: Morrell R, Bhana D, and Shefer T. eds. Books and babies: Pregnancy and young parents in school. Cape Town, HSRC Press, 2012:1-27.
4. Scott ME, Steward-Streng NR, Manlove MAJ, and Moore KA. Characteristics of teen fathers at the birth of their first child. Child Trends Research Brief. 2012; 1-6.
5. Namibia Statistics Agency, Ministry of Health and Social Services and ICF International. Namibia Demographic and Health Survey 2013. Windhoek, Namibia, Rockville, Maryland, USA, 2015 [cited 2017 November, 16]. Available from: <https://dhsprogram.com/pubs/pdf/fr298/fr298.pdf>
6. Parke RD, and Neville B. Unwanted Fatherhood. Volume II: Working Papers and Statistical Appendices. In: Hofferth SL, and Hayes CD, eds. Panel on Adolescent Pregnancy and Childbearing, National Research Council. Washington, DC: National Academies Press, 1987: 145-173.
7. Ministry of Education. Education Sector Policy for the Prevention and Management of Learner Pregnancy Windhoek, Namibia. Government Printers. 2012.
8. Wood K, and Jewkes R. Dangerous love: Reflections on violence among Xhosa township youth. In: Morrell R. ed.

- Changing men in Southern Africa. Pietermaritzburg/London: University of KwaZulu-Natal, 2001; 317-336.
9. Ott MA. Examining the Development and Sexual Behavior of Adolescent Males. *Journal of Adolescent Health*. 2010;46:3-11
  10. Smith LH, Guthrie BJ, and Oakley DJ. Studying adolescent male sexuality: Where are we? *Journal of Youth Adolescence* 2005; 361–377.
  11. Tolman D L, Striepe MI, and Harmon T. Gender matters: Constructing a model of adolescent sexual health. *Journal Sexuality Research* 2003; 40: 4–12.
  12. Lindberg LD, Ku L, and Sonenstein FL. Adolescent males' combined use of condoms with partners' use of female contraceptive methods. *Maternal Child Health Journal* 1998; 2: 201–209.
  13. Tyler CP, Whiteman MK, Kraft JM, Zapata LB, Hillis SD, Curtis KM, Anderson J, Pazol K, and Marchbanks PA. Dual use of condoms with other contraceptive methods among adolescents and young women in the United States. *Journal of Adolescent Health*. 2014; 54:169-175.
  14. Centres for Disease Control and Prevention. Effectiveness of Teen Pregnancy Prevention Programs Designed Specifically for Young Males (2016). (DP15-007). <https://www.cdc.gov/teenpregnancy/projects-initiatives/engaging-young-males.html>, retrieved 26 November, 2017.
  15. Wood K, Lambert H, and Jewkes K. "Injuries are Beyond Love": Physical Violence in Young South Africans' Sexual Relationships. *Medical Anthropology. Cross Cultural Studies in Health and Illness* 2008; 27: 43-69.
  16. Wood K, and Jewkes R. Blood blockages and scolding nurses: Barriers to adolescent contraceptive use in South Africa. *Reproductive Health Matters* 2006; 14: 109-18.
  17. Aventin A, and Lohan M. I'm all right, Jack. *Every Child Journal*. 2013; <https://www.researchgate.net/publication/252322867>).