

**UNIVERSITY OF THE WESTERN CAPE**

**FACULTY OF COMMUNITY AND HEALTH SCIENCES**

**TITLE: EXPERIENCES OF PARENTING LEARNERS WITH  
REGARDS TO LEARNER PREGNANCY POLICY**

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**A mini-thesis submitted in partial fulfillment of requirements for the  
degree Magister Artium Human Ecology, Department, University of the  
Western Cape**

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## KEY WORDS

Adolescent mother

Learner

Parenting Learner

Adolescence

Western Cape Education Department

School

Learner Pregnancy Policy

Dropout



## DECLARATION

I declare that *Experiences Of Parenting Learners With Regards To Learner Pregnancy Policy* is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Name: Zanele Matshotyana

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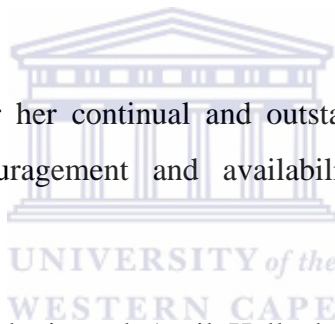


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## ABSTRACT

Teenage pregnancy is a national concern that impacts on the family system, community and the nation at large. It also has an impact on the socio-economic welfare of the nation as it interrupts education of adolescents (Kansumba, 2002). The perceived relationship between teenage pregnancy and dropout rates at schools prompted the Western Cape Education Department (WCED) to regulate a learner pregnancy policy which ensures the rights and development of pregnant and parenting learners. This study investigated the needs of pregnant and parenting learners, whether there was support provided by the school and whether the support met the needs of pregnant and parenting learners based on the experiences of parenting learners. Recommendations were made to the school managers and governing body.

A qualitative research design in the form of a case study was employed. A quantitative method was also utilized in the form of a short questionnaire for demographic purposes in order to provide a general description of the sample. A purposive sample of 10 parenting learners, and two teachers was selected. The study was conducted in a Senior Secondary School that is located in Khayelitsha, a historically disadvantaged community in the Western Cape. Semi structured interviews of approximately ninety minutes each were conducted and audio taped. A thematic analysis was used to analyse the audio taped data from the transcribed interviews. The key findings from this research illustrate that there is a misunderstanding and miscommunication between teachers and learners about learner pregnancy. Pregnant learners hide pregnancy from the teachers to avoid comments and from being expelled from the school and consequently do not get any support from the school. On the other hand, the findings indicate that if the teachers were aware of their pregnancy and trained to deal with learner pregnancy, these learners would be supported by the school. Some of the recommendations were to develop the capacity of the teachers so that the school is able to provide an adolescent-professional-friendly service. A safe non-judgmental environment is required so that the learner is able to disclose her pregnancy status as early as possible to ensure that they receive the necessary support.

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# CHAPTER 1

## 1.1 INTRODUCTION

Teenage pregnancy and teenage parenting is the global concern that impacts on the family system, the community and society at large. Molatlhegi (2006) defines teenage pregnancy as a pregnancy in a woman under the age of 20 years. Teenage pregnancy has various negative factors that affect the life and career of a young girl. These factors include the physical effects, economic issues, social issues, psychological issues and perinatal outcomes (Molatlhegi, 2006:57).

Phoofolo (2005:14) indicates that the teenager who has become pregnant has been described as having 90% of her life script written for her. Life script means the story of an adolescent's life, the way she would often follow the cycle, which includes termination of ambitions, goals and future plans. Dropping out of school and unemployment are the factors that may inhibit teenagers' future goals.

Teenage hood itself is an ambivalent stage that is driving teenagers to early pregnancy. Mohase (2006:13) concurs that teenagers are not children any longer, yet they are not adults. They have to make choices that will affect them for the rest of their lives. It is therefore clear that they are the young generation who are in the adolescent stage and can be characterized by a certain behavior. As they are between the stages of childhood and adulthood, they have internal conflicts which prevent them from making firm and wise decisions.

Teenage pregnancy is a major public concern because of its impact on maternal child as well as on social and economic welfare of the nation and it also interrupts the school progress of young women (Kansumba, 2002: 1-4).

Macleod (2003:1) state that researchers and service providers have expressed humanitarian concern for teen mothers and their children due to consequences of early reproduction which are depicted as deleterious. Adolescent girls incite higher risk of complications during pregnancy, abortion or child-bearing. Furthermore, sexually

transmitted diseases including human immunodeficiency virus are also incited. Moreover, adolescent mother may experiences scared feelings with the sudden awareness of motherhood: feeling confused between the responsibilities of adolescence and motherhood; feeling neglected and rejected by partners and peers (Europa, 2005:15) Adolescent pregnancy does not only affect the adolescent it also affect the baby.

Low birth weight due to both preterm delivery and intrauterine growth restriction is more common in teenage pregnancy group. These conditions can results in not only increased perinatal mortality rate, but also an increase in morbidity, in particular cerebral palsy with ensuing infant disability and/or development delay. Adverse social consequences for the baby may include an unsettled early childhood with abandonment or neglect, depending on the social situation of a support for the young mother (Molatlhegi, 2006:59). Parenting while at secondary school, disrupts academic progress of a young woman.

Chigona and Chetty (2007: 2) state that girls are denied access when they fall pregnant and when they become teen mothers, some schools do not allow pregnant girls and young mothers to attend classes. In some cases where teen mothers continue schooling, they are often “described and assumed to be poor or incapable students”. Due to the above mentioned statement it is apparent that the school response to teenage pregnancy is the main reason for teenage girls to drop out of school. Baytop (2006) adds that once teen mothers drop out of school after the birth of their first child, they are unlikely to return to school without appropriate assistance and are more likely to experience subsequent pregnancy. Low educational aspiration and academic performance prior to the first pregnancy most likely influenced the second pregnancy.

In South Africa the post-apartheid education policy regulated the suspension and expulsion of pregnant learners from the public school system. The post-apartheid policy which was affecting pregnant and parenting learners was effectively removed from the education arena. However, in 1996 the constitution of South Africa established the Bill of Rights which affirmed the “democratic values of human dignity, equality and freedom, including the rights of children and the rights to education” (WCED, 2003: 1). The Western Cape Education Department (WCED) adopted this statement by endorsing the policy which supports parenting learners.

The policy has been legitimated, contrary, Statistics South Africa (2007) indicates that in 2002 there were 66 000 girls who reported pregnancy as the main reason for not attending school, this figure increased to 86 000 in 2004 and decreased to 71 000 in 2006. In 2002, 11,8% of teenage girls that were not in an educational institution reported pregnancy as the main reason, rising to 17,4% in 2004 and declining to 13,9% in 2006.

Chigona & Chetty (2007:4) state that in Commission on Gender Equity (2000) report to the South African Ministry of Education, it was stated that a number of complaints had been received from pregnant learners concerning the manner in which their schools had been treating them. Some forms of discrimination which included suspension from class were reported. Although it may be illegal to refuse pregnant girls an opportunity to complete their schooling, since education is their human right. It is reported that some school committees in South Africa are often unwilling to allow the girls to continue attending classes for fear that they may 'contaminate' other girls and encourage them to become pregnant. The unwillingness is still practised in many public schools.

The question then asked is; how can the needs of adolescent mothers who drop out of school, especially those who drop out prior to their pregnancies be served? Within a human ecology perspective, this question is important as there needs to be a consideration of the development of the individual (in this case the pregnant and parenting learners) within the family system. According to Jali (2005:55) the National Education Department has stressed that "all learners have the right to education" including pregnant and parenting learners. This means that educators and parents need to find a way to accommodate a pregnant and parenting learner as far as her education is concerned. Jewkes and Christofides (2008:12) add that acknowledging the rights of teenagers to receive information about their bodies and sexuality in order to empower them as individuals, rather than just in order to secure completion of curriculum for an exam, is critical if this is to be provided to young people when they need it rather than when they reach the appropriate point in the educational programme.

Fulscado, Williams and Philliber (1999) dispute the provision of support to parenting learners, as they argue that in an era of limited resources there are people that point to

expenditures for these programmes as they fear that it may project the picture that parenting is easy to non-pregnant teenagers in the school. Schultz (2001: 11) presents a counter argument based on her study which found that “young women turned the experience of having a child during their high school years into a reason to stay in school”. Fulscado, Williams and Philliber (1999: 2) concur that the “creation of full service schools”, including programmes for parenting teens, will raise both the quality of education in those schools and the rate of school completion. Pillow (2006) argues that until teen pregnancy is depoliticized as an educational issue, pregnant parenting students will not receive the education they deserve and are entitled to.

Western Cape Education Department (WCED:2003) has affirmed that the school managers and governing bodies must ensure that the rights and development of female learners are not partial and that special measures should be taken in respect of pregnant learners. Hence, this study seeks to investigate whether the WCED policy meets the needs of pregnant and parenting learners based on the experiences of parenting learners, whether the school policy on managing learner pregnancy is based on the WCED policy, and to determine which socially related challenges may have an impact on these learners. This study also aims to use findings to make recommendations to the school managers and governing body.

## **1.2 SIGNIFICANCE**

The study can be significant by contributing knowledge that will help the teachers to understand the experiences of the parenting learners. Secondly there is lack of published literature regarding parenting learner’s education especially in South Africa. Although the policy for pregnant and parenting learners was implemented in 1996, this lack of literature shows that schools have not yet started to properly implement the policy. This research could provide recommendations to the school policy based on parenting learner’s experiences of teenage pregnancy. Furthermore, the recommendations that have generated from this study can be an example that can be used by other schools in the area of Khayelitsha.

### **1.3 PROBLEM STATEMENT**

The Western Cape Education Department affirmed that the school managers and governing bodies must ensure that the rights and development of female learners are not partial and that special measures should be taken in respect of parenting learners.

This study seeks to investigate what the needs are of pregnant and parenting learners, whether there is support provided by the school and whether the support meets the needs of pregnant and parenting learners based on the experiences of parenting learners. Recommendations will also be made to the school managers and governing body.

### **1.4 AIMS OF THE STUDY**

1. To investigate what the needs are of pregnant and parenting learners.
2. To determine whether there is support provided by the school for pregnant and parenting learners.
3. To investigate whether this support meets the needs of the pregnant and parenting learners.
4. To make recommendations to the school managers and school governing body with regard to school policy on managing learner pregnancy.

### **1.5 OPERATIONAL DEFINITIONS**

#### **Adolescent mother:**

A teenager who becomes pregnant and delivers a baby while still attending high school (Sadler, L.S., Swartz, P., Krause, M.K., Seitz, V., Meadows-Oliver, V., Grey, M. and Clemmens, 2007:1).

#### **Learner:**

WCED (2003:2) defines a learner as any person receiving education or obliged to receive education.

#### **Parenting Learner:**

Parenting learner indicates any teenager that attends the school who has had a baby two years prior to the data collection of this study (Amin, Browne, Ahmed and Sato, 2006).

**Adolescence:**

Teenage or adolescence stage represents a transitional stage between childhood and adulthood (Burman, 1994).

**Western Cape Education Department:**

Department of provincial government which is responsible for education (WCED, 2003:2)

**School:**

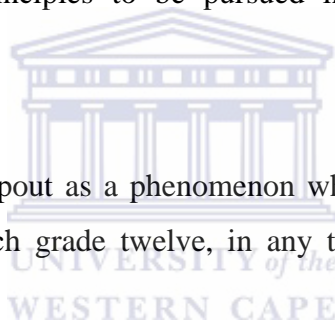
Refers to a public school or an independent school which enrolls learners in one or more grades from grade zero to grade twelve (WCED, 2003: 2).

**Policy:**

Policy specifies the basic principles to be pursued in attaining specific goals (De Coning, 2007:27).

**Dropout:**

Phoofolo (2005) describes dropout as a phenomenon where adolescents terminate their school career before they reach grade twelve, in any type of teaching or educational setting.

**1.6 LIMITATIONS**

This study will be based entirely on self-reported data on a sensitive topic therefore there is a possibility of under-reporting or over-reporting (Catania, Gibson, Chitwood, & Coates, 1990). While the sample is adequate for this type of study, the results cannot be generalised to other schools.

**1.7 SUMMARY**

Chapter 1 as an introductory chapter attempted to ensure logic and justification of the whole research. Chapter 1 discussed teenage pregnancy generally; it also discussed teenage pregnancy consequences and further discussed the role of education policy to this matter. This chapter gives an overview of the background, aims and limitations of the research.

## **1.8 DIVISION OF CHAPTERS**

### **Chapter 1**

Chapter 1 provide the reader with a detailed background of the study, which provide the reader with an overview of teenage pregnancy and its impact on education of young women. The problem statement and aims for the study are described. In the last section of this chapter various concepts are defined as a means to provide the reader with a better understanding of what is discussed throughout the study.

### **Chapter 2**

Chapter two comprise of theoretical framework and literature review. Theoretical framework of the study namely the family systems approach is explained and correlated to the research study. Thereafter the literature consulted, providing detailed discussions on adolescence and teenage pregnancy and the areas of support provided by the Western Cape Education Department are thoroughly discussed.

### **Chapter 3**

Chapter three presents a comprehensive description of the methodological structure and methods applied in the study. A precise description of participants, and the instrumentation used are mentioned. Furthermore, a step-by-step procedure of how the data was collected, validity and reliability clearly explained as well as how the data was analysed is specified. This chapter furthermore indicates the ethical considerations taken into account for this study. The limitations, and significance the study are discussed and a summary is presented.

### **Chapter 4**

In this chapter the results of the demographic questionnaire and interviews conducted are interpreted and discussed.

### **Chapter 5**

Findings, recommendations and conclusions are discussed in this chapter.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

The Convention on the Rights of the Child asserts that every child should have access to primary and higher education. The Association for the Development of Education in Africa (ADEA) (2003:8) argue that although it is over 50 years since that the previous declaration was adopted, 125 million children to date have no access to education, and many more adults, over 900 million, girls and women being the majority, remain illiterate. To encourage the education of girls and women, the World Education Forum of the United Nations, met in Dakar in year 2000, and they set a goal that all countries should aim at attaining Universal Primary Education (UPE) by 2015 as a strategy of meeting the millennium goal of Education for All for children (EFA). In that conference, it was also noted that the Net Enrolment Rate (NER) in many developing countries is still very low (USAID Press – June 18, 2003, cited from ADEA, 2003).

In the Sub-Sahara African countries the illiteracy condition is worse, where NER is almost halfway ranging from 59% male and 51% female. ADEA (2003) further signify that gender inequality in the participation in education is dominant. Many more girls than boys are left out in the education system or are getting much poorer education compared to that of the boys. Contrasting to this gender inequality, the recent study by Grant and Hallman (2006) shows some significant improvement regarding gender inequality.

Grant and Hallman (2006:3) argue that despite recently slowed rates, the proportion of girls enrolling in school has increased in sub-Saharan Africa over the past two decades. Improvements in the proportion of girls who enter school and who complete primary school have decreased the gap between male and female educational attainment in the region. In addition, South Africa has one of the highest levels of school enrolment in

Africa, with a majority of 15–19-year-old males and females enrolled in school—approximately 85 and 79 percent, respectively in 1998.

Trends differ and reasons for not attending school differ; in this case we focus on teenage pregnancy. South Africa has remained an exception to this pattern, however; over the past two decades, the proportion of young women who gave birth prior to age 18 has remained the same, if not increased slightly, and recent data suggests that more than 30 percent of 18-years-old have given birth (Mahy and Gupta 2002; NRC-IOM 2005, cited from Grant and Hallman, 2006:3). The statistics are clear, however the South African Department of Education (DoE) (2009), states that the data from 28 demographic and health surveys showed that countries in which enrolment were high, were more likely to report pregnancy as a reason for school dropout. Comparatively, recent pregnancy statistics of the DoE (2009) indicates that the figures on teenage pregnancy show an increase in learner pregnancies between 2004 and 2008.

Teenage pregnancy can result in a detour in the education of adolescents with some deciding to stop their schooling while others are interrupted and later decide to return to school to complete their studies. Even though having a child depicts the end of schooling for adolescents, a learner pregnancy policy adopted by the Department of Education in 1996 allows pregnant learners to stay in school and also allows parenting learners to do so if they can manage logistically and financially (Kaufman, de Wet, and Stadler, 2001). Although the policy has been legalised, there are no national figures on the number of parenting learners who managed to complete their schooling.

## **2.2 THEORETICAL FRAMEWORK**

Teenage pregnancy and teenage parenting is a phenomenon that directly affects the family unit. The pregnancy of a teenage girl poses a deep and continuous emotional and financial impact, not only on the girl, but on her family as well. This study therefore utilises a family system theory approach. It investigates whether the WCED policy meets the needs of pregnant and parenting learners and attempts to determine which socially related challenges may have an impact on these learners.

Bowen defines family system theory as a theory of human behaviour that views the family as an emotional unit and uses systems thinking to describe the complex interactions in the family unit. Therefore it is the nature of a family that make its members to be deeply connected emotionally.

Furthermore, family members affect each other's thoughts, feelings, and actions. Family members seek each other's attention, approval, and support and react to each other's needs, expectations, and distress. The connectedness and reactivity make the functioning of family members interdependent. A change in one person's functioning can inevitably change other family member's functioning and break the family unit.

Hence teenage pregnancy and parenting intensely change the roles within a family. Once a girl becomes pregnant, her role drastically changes from child to parent and causes parent-teen conflicts within the family. Many families are often facing parent teen conflicts which are leading to high risk behaviours such as running away from home, breaking the rules and breakdown in relationship (Petryshyn, 2004). This author suggests that it is important to recognize the family 'dynamics' or family patterns in terms of how the members of each element or sub unit are communicating (Petryshyn, 2004). Pregnant and parenting teenager's risky behaviours can cause conflict within the family and break the family unit, but the changing roles and functioning of parents within the family system can greatly affect the family unit. Previously, the mother's role was to stay at home and look after children.

Considering Petryshyn's view on the roles of the family members, Mohase (2006) strongly argue that the entrance of the mother into the workforce also contributes towards teenage pregnancy. He elucidates that traditionally it was only fathers who were breadwinners and mothers remaining at home in order to safeguard children and protect them from such malpractices. Mothers saw to it that children are not doing forbidden things and that they were doing the right thing at the right time. But the entry of mothers into the workforce makes children to grow loose and as a result they are exposed to sex malpractices (Mohase, 2006: 21).

The changing roles of the family members are greatly affecting the family unit, break the connectedness and affect each other's actions. Allen (2009) suggests that in order to make progress on the issue of teen pregnancy, teens and their families need to understand the consequences of early sexual activity and avoid early pregnancy and child-bearing. The families also need to understand the broad concept of adolescence and risky behaviour patterns; therefore the following section defines adolescence and discusses the patterns of risky behaviour.

### **2.3 ADOLESCENCE**

Adolescence is a broad concept therefore it is important to review its meaning from various perspectives. Greene (2003) describes adolescence as the developmental stage in the human life cycle which begins in puberty and ends with adulthood. Owens (2002, cited from Europa, 2005:7) defines the adolescent phase in terms of chronological age, as starting between the ages of 11 to 13 years and ending between the 17<sup>th</sup> to 22<sup>nd</sup> years. Owens (2002) further argues that adolescence is a difficult phase during which a variety of changes take place. It represents the transition process of individuals, which involves biological, physical and hormonal changes as well as social adjustments. Adolescents develop into complex beings with intellectual, emotional and social qualities that are needed for their future development. Individuals differ from each other, depending on their social context (Gouws, Kruger & Burger, 2000, Cited from Europa, 2005:7).

Macleod (2003:420) concurs that adolescence is seen as a time of natural, inevitable, universal development in which the organism moves, following a developmental blueprint, from a less to a more complex organization of physiological, cognitive, emotional and psychological attributes. Adolescence fulfils the function of preparing the person for adulthood, while still maintaining some of the vestiges of childhood. Adolescence acts as such a developmental phase that can be complex, or confusing that leaves the individual undecided about whether he/she is a child or an adult. The adolescent is not child, not adult, but simultaneously both. Adolescence is, to a certain

extent, decided through a discourse of ‘transition’ – that is, until a teenager disrupts the transitional nature of adolescence by conceiving a child (Macleod, 2003:421).

In the internationally context, adolescence is viewed as the time between childhood and adulthood. It begins at puberty and continues until the body is fully mature and the person is emotionally ready for the responsibilities of adult life. Under Canadian law, a person is considered to be an adult at the age of eighteen, so an eighteen year-old mother would be a teen parent but not necessarily an adolescent (Archibald, 2006).

In summary, adolescence is defined as a developmental phase where the individual is in between childhood and adulthood. This phase is also associated with confusion and represents the transition process of individuals, which involves biological, physical and hormonal changes as well as social adjustments. Due to these transitions, individuals tend to make inappropriate decisions which lead them to risky behaviours; hence the following section discusses risky behaviours.



#### **2.4 ADOLESCENCE AND RISK TAKING**

As discussed earlier, adolescents are viewed as individuals between the stages of childhood and adulthood, and they have internal conflicts which prevent them from making firm and wise decisions. They have to make choices that will affect them for the rest of their lives. It is therefore clear that they are emotional immature and they are in the stage which can be characterized by a certain behavior. This phase is marked by a crisis of identity as adolescents seek acceptance in the adult world and their peers. This process involves possibly experimenting with drugs, alcohol, sex and putting their health or other people’s lives in danger (Mohase, 2006:8).

DoE (2009) argue that although adolescents may have the competency to accurately identify the presence of risk, they do not always have the required capability to sufficiently evaluate the consequences or costs of the risk prior to taking action (Greene, Krcmar, Walters, Rubin & Hale, 2000). In addition, adolescents’ immature cognitive

functioning may limit their ability to apply knowledge to their own behavior, appraise their risk and to apply skills for safer sexual behaviors (Pedlow & Carey, 2004). Thus they fail to appreciate the chance of the harm happening.

As a result of risky behavior, the DoE (2009) divulge that at a national level about a third (31.8%) of adolescents report drinking in the past month and a quarter report binge drinking. Data from Cape Town has shown that when learners use drugs (methamphetamine) they are more likely to have anal, vaginal and oral sex as well as to be pregnant or responsible for a pregnancy (Pluddemann, Flisher, Mathews, Carney, Lombard, 2008). Although the association between lifetime sexual behavior and alcohol or marijuana use is strong, the biggest risk that substance use confers to adolescent sexual behavior is that adolescents are more likely to engage in casual sex.

When they are under these substance influences they become careless and engage in risky sexual activities. They at times do not take precautionary measures such as the use of condoms, because boys often complain that they don't feel fulfilled when using condoms whereas girls agree that contraceptives, such as injections, change their shapes and they will look unattractive (Roles, 1991, cited from Mohase 2006:15).

This kind of behavior has numerous risk factors, hence Dangal (2005:1) discusses potential risk factors of a teenage girl who experienced early sexual behaviour ,these are: early dating and risky sexual behaviours (e.g., multiple partners, poor contraceptive use); early use of alcohol and/or other substance use; dropping out of school and/ or low academic achievement; lack of a supportive environment; lack of involvement in school, family, or community activities and /or poor quality family relationships; perceiving little or no opportunities for success and/ or negative outlook on the future; living in a community where early childbearing is common and viewed as the norm rather than as a cause for concern; growing up under impoverished conditions and poverty; having been a victim of sexual abuse or non-voluntary sexual experiences; or having a mother who was aged 19 or younger when she first gave birth.

Teenage sexual behavior is also influenced by a sequence of historical events. As Santelli and Schalet (2009:4) argue that the approval of the birth control pill, the sexual revolution in the mid-1960s, creation of family planning program in the late 1960s, the legalization of abortion, the pandemic of HIV/AIDS, national support for HIV education and later abstinence-only education, and the development of new contraceptive technologies (e.g., Depo-Provera, emergency contraception) since 1990. These historical events have profoundly influenced the context of adolescent social life and adolescent sexual and reproductive health. Changes in sexual behaviors include an earlier age at initiation of sexual intercourse and dramatic shifts in contraceptive use. It is therefore these circumstances that lead to risky sexual conducts, and consequently young women become pregnant.

## **2.5 TEENAGE PREGNANCY**

Teenage pregnancy is defined as a pregnancy in a woman under the age of 20 years (Molatlhegi, 2006). Similarly, Dungal (2005) also indicate that pregnancy in a girl aged between 10-19 years is adolescent or teenage pregnancy. The findings from HSRC (2008) roundtable programmes revealed that South Africa has high levels of fertility among adolescent females. By 18 years of age, one in five women in the population has given birth, and by 20 years of age, more than 40 percent have become mothers. Lee-Rife (2005) also concurs that more than 35 percent of South African adolescents became pregnant before the age of 20 and more than 30 percent have given birth at least once and these figures are even higher for black and colored adolescents. Berry and Hall (2009) concur by presenting a data which shows that 12.7% of Africans and 10.1% of Colored adolescents were pregnant by 2003, whereas 2.0 of Indians and 2.4% of White adolescents were pregnant by 2003.

DoE (2009) also shows fertility data which indicates that rates are significantly higher among African (71 per 1000) and Colored (60 per 1000) adolescents, fertility among White (14 per 1000) and Indian (22 per 1000). This data is also supported by Makiwane and Udjo (2006) who add that fertility levels of Africans has been higher than that of

other population groups, however, black adolescents have recently experienced the highest rate of fertility decline. Even though Makiwane and Udjo (2006) indicate that teenage fertility is declining amongst black population, it seems like teenage pregnancy is not a problem to white and Indian population. This view is supported by Lee-Rife (2005) who concurs that there has been very little research on teenage pregnancy among Indian and White South Africans. This is particular because it is not considered particularly 'a problem' for them. Drawing from a different perspective, Macloed and Durrheim (2002:1) developed a contradict and interesting argument regarding race and culture as she signifies that 'Race', 'culture' and 'ethnicity' surface as robust signifiers in the Anglophone literature on the rates, causes, consequences and explanatory frameworks regarding teenage pregnancy and childbearing. Macloed and Durrheim (2002:4) further argue that in the South African literature on teenage pregnancy, 'black' and 'African' are the pathologized presences, in need of explanation, investigation and intervention, with 'white' forming the unproblematized absence. Considering Macloed and Durrheim's view of racial divisions in teenage pregnancy, this phenomenon seems as a context where race and culture are regarded as risk factors, thus she suggests that the issue of teenage pregnancy should not be based on race but rather on correcting risky behaviours.

Despite these controversies of fertility amongst South African adolescents, the Department of Health (DoH) (2004) conducted a Demographic and Health Survey in 2003 that showed a decline in teenage fertility. This survey has shown that there has been a marked downwards trend in the age-specific fertility rate for 15-19 years old over the two decades (Jewkes and Christofides, 2008:2).

However, Jewkes and Christofides (2008:1) argue that this finding means that it is possible to say something is working. Whilst there is no general agreement that teenage pregnancy is not really a 'problem', the very fact that fairly convincing arguments have been accumulated that the 'problematic' nature of teenage pregnancy has been exaggerated, is evidence that familial and social responses to teenage pregnancy have effectively buffered young women from many of its unfavourable effects. In contradiction, Berry and Hall (2009) argue that adolescent pregnancy is not an epidemic and the public concern is not due to the size of the problem. Instead, teenage pregnancy



and parenting have been construed as social problems because of negative consequences that are associated with early childbearing.

The study conducted by Archibald (2004) shows that these young women get pregnant for many reasons and these pregnancies are both accidental and intentional. Accidental pregnancies are often associated with alcohol and drug use. In addition, carelessness, a lack of information about contraceptives or an unwillingness to use birth control are all associated with accidental pregnancies. Santelli and Schalet (2009) add that increasing sexual activity and changes in teen contraceptive use, including a shift from the pill to less reliable methods such as condoms, are contributing to these pregnancies.

In some cases, it may be the young girl's first sexual experience and her lack of knowledge leads to pregnancy. Some young people "believe it cannot happen to them, getting pregnant or contracting an STD." Others felt that the young person's beliefs and level of knowledge were not the issue: "They do know about birth control, but are not willing to ask to go on the pill or ask their partner to wear a condom" (Archibald, 2004).

Adolescents conversely get pregnant intentionally as Archibald (2004:12) concur that many people mentioned that young women get pregnant to keep their boyfriends, having a baby can also provide the new mother with someone special to love and be loved by. Seeking love and attention and falling in love were viewed as reasons for pregnancy among teens. Or, the young woman may feel pressured by her partner to have a baby or she is excited by the idea of a baby. Others spoke of the desire to create a family or to build a new adult life. Jewkes and Christofides (2008:6) also agree that these pregnancies are seen often to strengthen bonds because relationships between men and women who have children together often last much longer than would otherwise occur.

In addition pregnancy was sometimes viewed as a means of escape: escape from having to go to school, from the community, or from an unhappy home. Some girls "come from homes where there are alcohol and other problems so they have been denied the nurturing care themselves and they may be looking for something that's their very own (Archibald, 2004:12).

## **2.6 IMPACT OF TEENAGE PREGNANCY**

Teenage pregnancy can greatly disrupt the education of the girl but its outcomes can greatly affect not only the family but also the society as whole. Hence the following section discusses the impact of teenage pregnancy to the child, to the family, to the community and its implications to the country.

### **2.6.1 Impact on the Child**

Pregnant teenager may experience physical and psychological challenges which might affect the well being of the innocent child in various ways. As Jali (2005) indicate that the first reaction of the adolescent who finds that she is pregnant may be to think about aborting the foetus or to commit suicide. Any of these actions can lead to the termination of a growing foetus. The health of the unborn child may be adversely affected should these actions be unsuccessful, and the child may be severely disabled. Mohase (2006) concurs that unwanted pregnancy might cause a stress to the pregnant girl. She may fail to familiarize herself to early motherhood. She may deliberately neglect her child as early as after birth. At a later stage when the child has grown up she may subject her/him to all forms of abuse such as verbal, psychological and physical abuse. Alternatively she may abandon the child completely. All these attitudes, in a teenage mother stem from her immaturity and inexperience. Again because of her inexperience she cannot give the best parental care to the child and often makes mistakes and in her frustration she may abuse the child as she often mistaken him as the cause of her suffer and pain (Mohase, 2006: 22-23).

Confusion during pregnancy may affect the future relationship between the adolescent mother and her child and the natural process of bonding between the mother and baby will be damaged. Despite the psychological situation of the mother, the physical and psychological well being of the baby will also be in great danger.

Allen (2009) supports this statement by stating that children born to teen mothers are often disadvantaged physically and socially. Children born to young, unwed, low-income

parents are at a much greater risk for inadequate prenatal care, low birth weight, and infant death as well as poor developmental outcomes (Nock, 2005). DoE (2009) further adds that studies conducted in the US have indicated that women with ill-timed and unwanted pregnancies are less likely to breastfeed. In addition, children of teen mothers are more likely to be malnourished and suffer from developmental problems (UNFPA, 2007). South African studies correlates quite significantly to these findings.

Jali (2005) indicates that low birth weight due to prematurity and/or inappropriate intra-uterine nutrition of the foetus is significantly more prevalent among these infants. In addition, Chris Hani Hospital records show that 22 percent of mothers aged under seventeen give birth to infants less than two and a half kilogram, most of them premature (Jali, 2005). This puts them immediately at risk of further infection and often prolonged hospital stay. Breastfeeding is difficult to establish where the baby is premature and the mother poorly motivated, thus further undermining the infant's resistance and diminishing the chances of bonding.

Due to these deficiencies these children often have more emotional and social problems in childhood and adulthood (Amato, 2005). Children born to teen parents are also more likely to be abused or neglected, score lower in standardized testing, and are more likely to go to prison than a child born to an older mother (National Campaign to Prevent Pregnancy, 2002). If any of these problems occur between the adolescent mother and the baby, it is therefore necessary for the family of the mother to intervene and provide support.

### **2.6.2 Impact on the Family**

The family is a primary supporter for the adolescent mother and the baby, and it is expected to provide financial and social support. Jewkes and Christofides (2008:1) signifies that at the family level, teenage pregnancy is often (but not always) unwelcome as it places an economic and social burden on families, although the overall impact has been keenly debated. Allen (2009) adds that young pregnant or unwed parenting adults continue to live with their parents for an average of five years and they most often

provide emotional support, housing, transportation, financial and childcare assistance for their child and grandchild. Bunting & McAuley (2004) further signify that some studies suggest that with good support from families, these young parents have an increased likelihood for positive parenting and child outcomes. The reality is, however, that these families are often stressed and unable to support the teen and infant's needs.

Some parents can't accept the pregnancy and force their daughters to leave home, as she would invite embarrassment to the family. The child will obviously be seen as a burden by the teenager's parents as they will have to readjust their budget in order to accommodate the newest member of the family. In some cases the parents fail to accept the situation as maybe they would be suffering financially even before the realization of the pregnancy (Mohase, 2006).

Jali (2005) adds that the reaction of the families, especially that of the parents of the adolescent mother may vary from understanding to exclusion of the adolescent. While understanding parents may be in a better position to resolve the issue at stake, the attitude of uncompromising and severely hurt parents may cause the ostracised adolescent to resort to deviant behaviour in order to cope with her situation. Chigona and Chetty (2008) also add that sometimes the parents distance themselves from the girls because they feel ashamed that the community would look down upon the family because of their child's actions. Ultimately, teen parenting is a serious problem in the African community and most children born to teenage mothers have very few chances of success in life due to the poverty they are born into. Dailard, (2000) adds that these children may also be more likely to suffer from child abuse or to be placed in foster care.

### **2.6.3 Impact on the Community**

African communities associate teenage pregnancy with economic deficiency and poverty. The DoE (2009) specifies that extensive literature existed in SA in the early 1990s that indicated that pregnancy was welcomed, predominantly among young African women and their families, as a sign of 'love, womanhood and fertility' and potential bride wealth, and that men felt pride in bearing a child as a sign of their masculinity. However, a shifting socio-economic landscape has brought about changes in the desires of young people, particularly in urban areas. This, in turn, has changed cultural expectations of young women and men. Over two thirds of adolescents who have ever been pregnant in SA report their pregnancies as unwanted.

Having a child requires financial stability; hence the adolescent mother cannot provide financial support to the baby as she also depends on her family for support. The adolescent mother may have to make ends meet from a state maintenance grant. This eventually increases the financial burden on state funds. State funds are also needed to provide clinics and other forms of health-related care for the pregnant adolescent, and for the prevention of unwanted pregnancies. Abandoned babies and children, as well as those who have been found to be in need of care, and are placed in places of safety, children's homes and foster care, therefore adding to the financial burden that has to be met by the state (Jali, 2005). Moreover, the public costs of caring for many of these families are significant (Dailard, 2000).

### **2.6.4 Implications for South Africa**

Teenage pregnancy strains the country in various ways. DoE (2009:27) states that teenage pregnancy has negative educational and economic consequences. South Africa has one of the highest literacy levels exceeding many other countries in sub-Saharan Africa. In a knowledge-based economy, education is essential to secure future employment. Teenage pregnancy can have a profound impact on young mothers and their children by placing limitations on their educational achievement and economic stability and predisposing them to single parenthood and marital instability in the future. The

disruption that pregnancy inflicts on the educational and occupational outcomes of young mothers both maintains and intensifies poverty.

Mohase (2006: 24) adds that teenage pregnancy affects the whole society because it leads to higher population growth which contributes negatively to the development of our country. Teenage pregnancy leads to over population which leads to lack of jobs because the economy will suffer a serious blow. This overpopulation includes street children and abandoned babies. The welfare department cannot cope with the problems presented by teenage pregnancy. Some of the taxpayer's money will be spent on these mothers and their babies, neglecting some of the important issues facing the country (Rovinsky, 1992). Jali (2005) adds that state funds are also needed to provide clinics and other forms of health-related care for the pregnant adolescent, and for the prevention of unwanted pregnancies.

Even though SA is striving for economic development, teenage pregnancy is posing additional challenges to the country. DoE (2009: 26) concurs that although SA is economically developed compared to other African states; its child mortality is increasing. These challenges require bold solutions from the broader community.

Thus, Harrison (2008:9) suggests that an emergent leadership committed to safer sexual behavior can have positive impacts on sexual networks in South Africa. An emergent leadership committed to reducing social and economic gradients in South Africa can help create a more risk-averse society.

The factors leading to teen pregnancy are complex and therefore require multifaceted interventions at the individual, family, school and community levels. Therefore, the following section discusses interventions for parenting learners.

## **2.7 INTERVENTIONS FOR TEENAGE PARENTING LEARNERS**

In keeping with the multiple spheres of influence on adolescent sexual behavior, a number of prevention interventions have been instituted in South Africa. There are a wide variety of programmes aimed at preventing adolescent pregnancy including education programmes, health services and mass media campaigns.

### **2.7.1 Education Intervention**

Prior to 1994, there was no written document on learner pregnancy in schools. Pregnant girls were usually expelled as soon as the school authorities learned about their pregnancies, and the decision on whether to readmit them after they had delivered the baby was left entirely to the individual school. In 1996 the new constitution of South Africa stipulated that everyone has the right to a basic education, including adult basic education and further education, which the State, through reasonable measures, must progressively make available and accessible.

In order to comply with the Constitution of South Africa in terms of the right of everyone to basic education, the South African Schools Act No 84 of 1996 stipulated that it is compulsory for every learner under the age of fifteen to attend school. If a learner fails to attend school, the Head of Department may investigate the circumstances of the learner's absence from school and take appropriate measures to remedy the situation according to Section 3 (1) and 3 (5)(b). A pregnant learner may not attend school and she may eventually "drop-out" of school. This has severe implications not only for the learner but also for the country as a whole. Appropriate measures should be taken to ensure that this does not happen.

Hence in a rights-based society, young girls who fall pregnant should not be denied access to education and this is entrenched in law in SA through the Constitution and Schools Act of 1996. In 2007, the Department of Education (DoE) released Measures for the Prevention and Management of Learner Pregnancy. Not without controversy, the guidelines continue to advocate for the right of pregnant girls to remain in school, but suggests up to a two-year waiting period before girls can return to school in the interest of

the rights of the child (DoE, 2009:12). The Western Cape Education Department (WCED) adopted this statement by endorsing the policy which supports parenting learners.

### **2.7.1.1 WCED Learner Pregnancy Policy**

WCED (2003) stipulates that school managers and governing bodies should ensure that the rights and development of female learners are not curtailed and that special measures are taken in respect of pregnant schoolgirls. The policy also recommended that the school policy and the code of conduct for learners make provision for managing learner pregnancy within the framework of the policy document.

Though the policy has been implemented there is no information or literature available revealing the policy development and implementation comparing to Namibian learner pregnancy policy. The Namibian learner pregnancy policy provides a good model, the Ministry of Education documented the policy development process and consulted the main stakeholders during the process and the whole process is transparent to public (Hubbard, 2009).

Grant and Hallman (2006) state their own critical view on the policy. They state that although the policy is not universally enforced, it is credited with the observed lack of gender differences in total educational attainment and is believed to contribute to the observed long delay before the birth of a second child to adolescent mothers in South Africa. Similarly, DoE (2009) reveals that the policy has prevented the rapid childbearing that generally follows first birth.

Even though the policy is steadily progressing, there is a significant change regarding economic and educational consequences. DoE (2009:40) state that the progressive approach adopted by the Department of Education to allow pregnant girls to remain in school and to return to school post pregnancy has to some extent mitigate the educational and economic consequences of teenage pregnancy. The above statement shows that there is significant improvement regarding teenage pregnancy but there is no available study



revealing the public opinion regarding the policy. Hence the Department of Education (2009) recommends that much advocacy work is also required to ensure that the gatekeepers of education - principals, teachers and fellow learners, buy into the policy to reduce the stigma that often turns young mothers away from the doors of learning.

### **2.7.1.2 Impact on the Adolescent's Needs Equivalent to the Interventions Stipulated in WCED Policy**

School dropout is a significant risk factor for both pregnant and parenting learners. Statistics South Africa (2005:xv) presents national statistics which indicates that in 2002 there were 66 000 girls who reported pregnancy as the main reason for not attending school, this figure increased to 86 000 in 2004 and decreased to 72 000 in 2005. To address the problem of pregnant and parenting learners' drop out, the WCED provided a learner pregnancy policy that covers areas of supports which are: health access, education support and confidentiality and sensitivity. The policy also states that in terms of the constitution principals, school governing bodies and EMDCs are accountable for all learners' right to quality education, and this includes enrolled expectant learners or learners who are parents. In order to balance the parental responsibilities and educational needs of learners who are parents, partnerships with Education Support Services, Social Services and Health should be forged within the EMDCs. Even though the policy has been implemented its significance to these learners remains unknown. The following section explores and contextualizes the stipulations in the WCED policy as it relates to the preceding literature.

#### **2.7.1.2.1 Access to Health**

The WCED policy (2003:2) states that pregnant and parenting learners must be "supplied with comprehensive information concerning all the appropriate health and guidance services available in the community, the service available in the school system, and the options available for her to continue her education during her pregnancy. Schools can also enable parents and guardians to play a more active role in the sexuality education of their children by presenting parent involvement and educational support programmes.

The provision of health services by school is debatable, as researchers such as Brindis and Philliber (1998) argue that school staff has limited experience in arranging for or providing the array of social and health related services to meet the broader needs of pregnant and parenting teenagers and their children. Whereas Emihovich and Fromme (1998) contrary argue that educators need to recognise that social problems such as teen parenting need to be viewed within a socio-historical framework and discussions of adolescent sexuality should be included in the curriculum. The Eastern Cape Department of Education (ECDoE) (2007) also concurs with this provision and provides detailed and feasible strategy which state that where possible, learners, after giving birth, should be afforded with advice and counseling on motherhood and child rearing. The life orientation educator, counsellor, or psychological services staff member if available or any other suitable person, should offer the mother, and father if also a learner, counselling on the roles and responsibilities as parents. Schools should inform the Department of Social Development about pregnant learners and where applicable, assist in registering these learners for child grants. They may also refer to learner to relevant support services, such as social workers or NGOs operating in the community.



#### **2.7.1.2.2 Education Support**

The WCED policy (2003: 3) declared that, “it is essential for learner concerned education to continue with minimal disruption.” In addition, alternative suitable arrangements must be made to cover the curriculum. This means that lesson notes and assignments must be made available to her and that she must take responsibility for completing and returning the assignments to the school for continuous assessment (CASS). The process of gathering valid information about the learner’s performance and the formal recording of her progress throughout the year (CASS) must be continued as far as practically possible whether she is at school or at home.

That literature indicates that parenting learners are facing many challenges and their performance in the class room might be affected and this requires learning support for the parenting learner to keep abreast with other learners (Jali, 2005). In contrary, if the

classes are frequently missed, the teachers are not willing to go through the missed lessons with just one or two students.

To solve the issue of missed lessons the ECDoE (2007) suggest that parents or guardians should take steps to ensure that as far as it possible their child receives her class tasks and assignments during any period of absence from school, and that all completed tasks and assignments are returned to the school for assessment (Eastern Cape Department of Education, 2007).

Gauteng Department of Education (2000) also suggests that the School Support team (SST) should ensure that counselling and educational support is available to the learner(s).

WCED (2003:4) further asserts that “Schools can also enable parents and guardians to play a more active role in the sexuality education of their children by presenting parent involvement and educational support programmes”.

The researchers like Kansumba (2002) also concurs as that parents are the main providers of sex education to adolescents. Whereas adolescents undermine education from parents and think that it does not equip them to deal with the pressures with regard to sexual issues.

In contrary, Jali (2005:52) completely disagree with the provision of sex education by parents, she argue that educators are in a sole position because they spend a most of time with adolescents in school; therefore they should teach adolescents what it means to be an adolescent and young adult.

In conclusion, the WCED affirmed that schools should enable the parents and guardians to be involve in the sex education of their children whereas the literature reveal that educators are ideal sources to provide sex education to the learners since they spend more time with the learners and the programmes for sex education should be designed to meet the needs of the learners.

### **2.7.1.2.3 Confidentiality and Sensitivity**

The WCED (2003:1) states that when it is evident that a learner is pregnant the matter must be treated with great sensitivity and confidentiality. In order to maintain confidentiality, the principal must report to the school governing body that a learner is pregnant, without necessarily divulging the learner's name.

The literature on confidentiality of pregnant learners in the school setting is omitted, although the available literature is only based on the confidentiality of adolescents in the health facilities. Nevertheless, DoH (2007) suggests that schools should strive to ensure the existence of a climate of understanding and respect in regard to unplanned pregnancies, and should put in place appropriate mechanism to deal with complaints of unfair discrimination, hate speech or harassment that may arise.

The literature indicates that parents and educators should play an active role to meet with the interventions stipulated by WCED policy. DoE, (2009:55) correspond that much advocacy work will need to be done to ensure that the gatekeepers of education - principals, teachers and fellow learners, buy into the policy to reduce the stigma that often turns young mothers away from the doors of learning. Although SA has instituted an enabling policy environment for young mothers in the school environment, it needs to be supported by a programmatic focus that addresses the barriers to learning. These include catch-up programmes with respect to the academic curriculum and, in particular, remedial education that often leads to dropout. Strong referral networks are also required with relevant government departments and other community structures that can support learners.

### **2.7.2 Health Intervention**

The focus of health interventions has primarily been on HIV/AIDS and family planning services due to their association with teenage pregnancy and their impact on sexual behavior. Therefore adolescents are benefiting from a number of health services provided free of charge.

According to DoE (2009) family planning services are provided to young people with the purpose of making available reproductive health services, providing contraception including condoms and improving their knowledge and skill to use them. Even though family planning services including access to condoms and other forms of contraception are available without charge from public health facilities in SA, and most young people do in fact access condoms from health facilities (Shisana et al., 2005, cited from DoE, 2009), the attitude of health staff serve as a significant barrier, especially for young women. Young women trying to access free condoms from clinics choose never to return because of the judgment and scolding of clinic staff (MacPhail & Campbell, 2001; Wood & Jewkes, 2006). To resolve the health problems, Richter and Mlambo (2005) recommend that communication between health workers and teenagers should be well established, and health workers should be approachable.

### **2.7.3 Mass Media Campaigns**

Mass media campaigns are playing a critical role in enhancing knowledge about sexual behavior amongst young people. There are three key multi-media campaigns that have reached high levels of coverage across the country, namely LoveLife, Soul City and Khomanani. These campaigns use a wide spectrum of media including radio, television, video, print, and the Internet (DoE (2009)).

Firstly, the focus of these campaigns is to encourage young people to delay sex and for those who are sexually active, to adopt safe sexual practices. Secondly, the focus is to improve people's health and quality of life in general by addressing issues such as gender-based violence, substance abuse and small business development (Soul City, 2009a). Thirdly, to reverse the HIV/Aids spread among young people, while concomitantly addressing teenage pregnancy and other sexually transmitted infections (LoveLife, 2009). Fourthly, they also seek to address issues such as sexual coercion, imbalanced gender roles, and encourage family discussions about sex (DoE, 2009:10).

The interventions on sexual risk behaviour appear to be feasible and effective. However, a review of adolescent pregnancy prevention programmes reported that few programmes have been well evaluated and of those evaluated, none have been considerably successful

(Johns, 2000). Despite increased investment in such efforts; interventions have not yielded the desired results.

DoE (2009:4) conclude that addressing teenage pregnancy is not a challenge facing only the Education ministry. Addressing teenage pregnancy is a battle that requires the active involvement of all stakeholders, if it is to be well fought. These stakeholders include other government departments, key organizations in the non-governmental sector; the research community, the religious sector, community leaders and more important, parents and the learners themselves.

## **2.8 PARENTING LEARNERS EXPERIENCE OF THE TEENAGE PREGNANCY**

The incidence of school dropouts remains high amongst the teenage girls; therefore it is important to seek an understanding of teenagers' perceptions regarding this matter. In addition these adolescents become sexually active at an earlier stage and without using any form of contraception and children born to these girls are not physical fit, which poses several questions to the health system access, education level of the adolescents and has a significant psychological impact on the individual. These areas will be discussed in more detail.

### **2.8.1 Access to Health**

When a teenager becomes pregnant her physical and psychological capabilities are being interrupted. Therefore health support is an important aspect that could decrease the drop-out rate and boost the physical and psychological capabilities of the learner. According to Jali (2005:51) adolescents must be provided with counselling services and be taught how to deal with the pregnancy, giving birth and motherhood.

Looking at the international context, the USA provides extra services such as: "Child development, parenting skills, maternal and child health and family planning" (Fulscado, *et al*, 1999:3). These life skills training focused on "career development and planning, job preparation, home management and budgeting" (Fulscado, *et al*, 1999:3).

These training sessions are intended to “promote personal growth and development”, problem solving and support for other teen mothers. According to Dunkle and Nash (1990) half of the schools reported that the school and the health department always work together to arrange schedules and transportation so that pregnant and parenting learners could get needed health services without missing school. Antenatal care should be accessible to the mother and the newborn baby. Reproductive Health (1999) adds that if an adolescent is pregnant, it is vital to provide her with good antenatal care, since young women, especially those less than 15 years of age, are prone to complications of pregnancy and delivery. Many young pregnant women will resort to unsafe abortion. They will need special care if complications from an unsafe abortion develop.

In the South African context, there are constraints regarding health care; Jali (2005) signifies that the adolescent may decide not to participate in any health service including antenatal care. The decision not to receive antenatal care may affect the health of both the mother and the unborn child. According to Phafoli, Van Aswegen and Alberts (2007) adolescent mothers are a group with special needs; because they are children themselves and their bodies are not yet sufficiently developed to handle pregnancy and delivery. It is therefore necessary to encourage them to attend antenatal clinics where they will be equipped with health information on how to care for them during pregnancy, delivery and after childbirth. Jali (2005) adds that if the adolescent mother missed the prenatal care; infections and pregnancy related problems may go untreated.

To demonstrate the significance of pre-natal and post-natal care, Jali (2005) further demonstrate that Chris Hani hospital records showed that 22 percent of mothers aged under the age of seventeen give birth to infants less than 2, 5 kilogram, most of them premature. This puts them immediately at risk of further infection and often prolonged hospitalization. Furthermore, breastfeeding is difficult to establish where the baby is premature and the mother poorly motivated, thus further undermining the infant’s resistance and diminishing the chances of bonding. The decision to avoid seeking health care is linked to the education level of the young mother. In general, it is imperative to seek strategies to intervene and ease the health related issues.

DoE (2009) argues that despite significant advancements at intervention programs to improve the availability and accessibility of health services to young people, usage is compromised by lack of acceptability of services. Even with the roll-out of the Adolescent Friendly Clinic Initiative in SA, young people are still confronted with the negative and stigmatizing attitudes of health staff. Ultimately, these young women would rather not use contraception, delay accessing antenatal care when they are pregnant, and resort to illegal means for termination of pregnancy

If the health staffs are not approachable, it is therefore important for schools to intervene. Schools could provide a level of health service to students however various authors also debate this notion. Brindis and Philliber (1998: 244) dispute the provision of services at schools by arguing that school staff have limited experience in arranging for or providing the array of social and health related services necessary to meet the broader needs of pregnant and parenting teenagers and their children. Murray et al (2000) also concurs that there are common concerns among adults that adolescent reproductive health programs will encourage adolescent sexual activity. Chigona & Chetty (2007) disagree and motivate that there is a need for parents and teachers to equip teenagers with life skills which would enable them to handle their problems and challenges. Furthermore teachers need to be knowledgeable regarding the problems teens face, including teenage motherhood.

Emihovich and Fromme (1998:140) add that educators need to recognise that social problems such as teen parenting need to be viewed within a socio-historical framework that includes the public's concern about teen pregnancy with regard to welfare reform, the consequences of too early childbearing, and discussions of adolescent sexuality in the curriculum.

Emihovich and Fromme (1998:153) strongly support the provision of health service to young adolescents and recommend that urban educators will need to enter into partnerships with business, community and social service agencies, medical, public health and social workers. The severity of problems children and adolescents present in urban schools means that schools can no longer maintain their historic isolation and focus



only on academic issues. Furthermore, successful interventions will require that the respective partners develop collaborative programs both inside and outside the schools. Schools cannot be just be places designed to raise academic standards and levels of achievement; concomitantly, they must also be places of hope, where students especially those who are poor and/or from families of colour, see a viable future for themselves that moves them beyond current circumstances.

DoE (2009) also add that the traditional approach of health promotion within the school setting has been to focus on improving the health of learners to facilitate learning outcomes. However, given the considerable protection that education can offer to health outcomes, improving both the quality and quantity of education may offer significant benefits.

Furthermore, much more rigorous effort is required to roll out adolescent-friendly services and to entrench their key principles among the custodians of health care. In addition, the full range of preventative services for pregnancy should be made available and accessible to young people. In particular, emergency contraception, that is considered safe and effective, and that does not increase sexual activity among young people, should be deregulated to increase availability and usage (DoE, 2009). MacPhail, Pettifor, Pascoe and Rees (2007:1) also signify that the provision of services that allow women to manage their reproductive health is key to women's health. Encouraging the use of contraceptive services is also important for meeting HIV prevention goals: it has been shown to be more cost effective to prevent the birth of HIV positive children through providing family planning to women in the general population than increasing the provision of Nevirapine for HIV-positive mothers within antenatal care. Thus, contraception services should be recognized as contributing significantly to HIV prevention, in and of themselves.

Harrison (2008) also suggest that an unequivocal public statement should be made by the Ministry of Health that contraception is available to all girls and young women who need it. There is also a need for health centres to be more approachable to the adolescent age group. As Harrison (2008) also contends that public clinics should all be made 'youth-friendly' through existing support programmes proven to improve the quality of care and expand access to contraceptives, and support & counselling.

### **2.8.2 Psychological Impact**

The psychological impact of adolescent parenting presents challenges to young mothers which they are often unprepared for. Europa (2006) clarifies this and asserts that adolescent parenting may contribute to high rates of depression, poor school performance and emotional instability. The teenager experiences a range of emotional states particularly due to the unfamiliarity of the circumstances and the unknown due to the unpredictability of the future which could include abandonment by a boyfriend, deprivation, or reduced family sanction. This could be the reason why there is a strong relationship between teenage pregnancy and depression. This state of depression is associated with impaired decision-making, lack of motivation and a low self-esteem (Richter and Mlambo, 2005).

Europa (2006) further argues that feeling depressed as an adolescent mother following the birth of a baby includes characteristics such as experiencing scared feelings with the sudden awareness of motherhood; feeling confused between the responsibilities of adolescence and motherhood; feeling neglected and rejected by partners and peers. Therefore receiving treatment for postnatal depression is extremely important for the mother in order to cope with her symptoms. The awareness of various forms of support and treatment is largely dependent on the educational level of the adolescent, as it will enable the individual to explore viable means of coping mechanisms.

### **2.8.3 Education**

There are different ways in which the education system can support pregnant and parenting learners. Education is fundamental to the development of adolescents as it opens doors for them for the future and prepares them for the world of work. It is therefore imperative to view the factors that might delay the education of pregnant and parenting learners. Hence this section explores educational support, absence from school and sex education.

### **2.8.3.1 Educational Support**

Educational support entails holistic involvement from different stakeholders to improve the academic performance of teen mothers. Different stakeholders can be school, community, and family and government intervention. Thus pregnant adolescents need all the available support to help them to continue with their education. Without the support these adolescents find it very difficult to deal with schoolwork. To execute this level of support, the Department of Education has legalised a policy which states that all learners have the right to education.

Although the education policy states that all learners have a right to education, it is very difficult for educators to deal with pregnant adolescents. Schools fear the consequences of girls going into labour. Mohase (2006) states that most teachers are uninformed when it comes to handling problems which are related to sex and sexuality. In addition, teachers lack the skills to guide, mentor and support their learners (HSRC, 2007:8).

Due to lack of support from educators and school policies, pregnant and parenting learners tend to fail or drop out from the school. As Zachry (2005, cited from Van Wyk, 2007:52) states that the decision of adolescent mothers to drop out of school has more to do with school policy or their past experiences in school than with their pregnancies. Zachry (2005) mentions that a number of scholars found that adolescent mothers did not make the decision to drop out on their own but was in a sense forced out by rigid school policies that did not allow pregnant and parenting students at school. They also indicate that the teenage mothers' lack of involvement in their school career before they became pregnant may be an important factor in leaving school rather than becoming pregnant itself.

Even though school policies and past experiences forces pregnant and parenting learners to drop out from school, Van Wyk (2007:59) argues that various factors have an influence on the decision to drop out of school or return to school. It can be related to the age at the time of giving birth, the circumstances at home and at school. Teenagers who had only one child were found to be more likely to finish high school than those who had more than one child, and the younger mothers were more likely to drop out of school than

older adolescent mothers (Zachry, 2005:2571). Even though Van Wyk (2007) argues that school dropout is caused by different factors, different studies hold the opinion that school policies and treatment are the main causes of drop out.

Looking at international context, Dunkle and Nash (1990) conducted a survey in 1987 at 12 schools in USA to identify practices, policies and attitudes that help or hold back continued education by pregnant and parenting learners. They examined the degree to which schools' treatment for pregnant and parenting learners complied with federal antidiscrimination law. They also examined how far beyond the letter of law schools had gone, taking action on their own to encourage pregnant and parenting learners to stay in school. The study results identified many obstacles that make it impossible for pregnant and parenting learners to stay in school. The unique needs of pregnant and parenting learners were largely ignored by all but few teachers and counsellors in most schools. Teachers and administrators viewed pregnant and parenting learners as second-class students (an attitude that guarantees these vulnerable teens will fail). Furthermore, Theron and Dunn (2006, cited in Chigona & Chetty, 2007) also add that teenage childbearing may be associated with a syndrome of failure – failure to remain in school, since teen motherhood is disruptive when it comes to school attendance.

Sometimes teachers thought pregnant and parenting learners were morally or intellectually inferior (Dunkle and Nash, 1990:3). Publishing Center Digest (1990) indicates that schools, and teachers (both male and female), are still more responsive to boys, their learning styles, their needs, and their futures, than they are to female students. The myth that educational achievement is more important for boys (because they will become the primary breadwinners in families) often causes teachers to place male educational needs above those of their female student. Publishing Center Digest (1990) suggest that training teachers, counsellors, and administrators to identify and correct those attitudes and practices that unfairly penalize their female students is an important step toward both sex equity in education and the reduction of dropout among girls.

Even though some schools ignore the special needs of these learners some of the schools in the USA offer a positive support by providing tutoring services by teachers and volunteers. Fulscado, *et al* (1999: 3) state that volunteers provide moral support,

advocacy services, cultural development, career development and training. Several of these programs also focus on impacting educational outcomes to improve the long-term socio-economic well being of teen mothers (Baytop, 2006:1). Warrick, Christianson, Cook and Walruff (1993) add that to examine and encourage academic accomplishment; case managers should situate a strong emphasis on coordinating the case management plan with the classroom teachers.

Comparing to South African context, new developments indicate that teachers are now willing to deal with pregnant learners as they have urged government to assist them with training to deal with learner pregnancy. To show their willingness, SADTU and Treatment Action Campaign marched to the Eastern Cape Health Department in 2006 and reported that teachers are ill-equipped to deal with the needs of sexually active learners as well as those affected and living with HIV and that the Department of Education does not appear to recognize their critical responsibility, it has to prevent new infections as well as provide support for learners and teachers in need.

The key demands in a memorandum handed over to the Provincial Department of Health were for the provision of age-appropriate life-skills education, including sex-education, and condoms in schools as well as a greater recognition by the Department of Health and the role it has to play in addressing the HIV epidemic. While the march specifically targeted the Eastern Cape Department of Health, the problems highlighted are national (TAC, 2006).

In harmony with teachers training and learner pregnancy support, Chigona and Chetty (2007:13) provide several recommendations. These are; 1) that proper counselling should be provided to the teen mothers before they return to the school system; 2) lessons and time available should be made for teen mothers at times that are convenient to them; 3) teacher training should be provided to support teen mother students in their schools and 4) schools may consider providing crèche facilities for teen mother students. Contrary, even though school policies and educators can try to support these learners, if learners are constantly missing the classes and fall behind with their studies they will eventually fail or drop out from the school. The following section discusses the causes and consequences of absenteeism from school.

### 2.8.3.2 Absence from School

Absence from school is a common occurrence especially from pregnant and parenting learners and it leads to high rates of drop out. Pregnant and parenting learners have many social and health needs, including the need to attend school. Pregnant learners also have special medical needs that include prenatal care. Pregnant learners may also experience fatigue, nausea, morning sickness or frequent urination. Whereas the parenting learners have concerns about child care as well as health and well-being of their babies. According to Chigona & Chetty (2008:7) in most cases when the child falls sick the teen mother has to take the baby to hospital; and if the child has to be admitted in the hospital for a period of time, the teen mother has to miss classes. However, teachers are not willing to go through the missed lessons with just one or two students.

According to Dunkle's study it was found that when school policies or practices are not sufficiently flexible to accommodate these needs, teen mothers may be compelled to leave school because of too many unexcused absences (Dunkle, 1990:5). Jali (2005) also adds that the parenting learner may experience problems with the care of her child, especially if she is from a disadvantaged community, and this could lead to a regular absence from school. In addition, Boulton and Cunningham (1996) state that there is lack of provision at schools to facilitate resumption of her education, and if she does so, she is forced to leave her baby at home and discontinue breast-feeding which may affect mother-child bonding.

In the international context, Dunkle (1990) identified from her study that schools were not allowing excused absences from school for parental or postnatal care, or for problems associated with pregnancy. She also identified that schools were not reinstating students, at the end of leave for pregnancy, to the status they held when the leave began. Whereas, the WCED (2003) policy states that the school must make it clear that when the learner returns to school after the birth, she will not be allowed to bring the baby with her. But in USA some of the schools provide the toddler centre which provides child care services at no charge to teenage parents during school hours as (Fulscado, *et al*, 1999: 3) indicates that "Mothers can interact with their children during their lunch or free periods".

According to Dunkle (1990) this provision of toddler centre is not enough, meaning that the parenting learner must look for infant care for the first two years of life of the baby.

To resolve the issue of absenteeism from school, the Eastern Cape Department of Education (2007) suggests parents or guardians should take steps to ensure that as far as it possible their child receives her class tasks and assignments during any period of absence from school, and that all completed tasks and assignments are returned to the school for assessment.

DoE (2009) also suggests that when learners do drop out of school, a systematic process is required to either re-enroll them in school, or enroll them in alternative systems of education. In order to dramatically increase the number of young people enrolled in alternative pathways such as Further Education and Training (FET) or Adult Basic Education and Training (ABET), however, a number of gaps need to be addressed. These include ensuring that such programmes are adequately resourced, providing quality education services, and reframing them as legitimate and credible systems linked to mainstream pathways (HSRC, 2007). In addition, alternative systems must offer viable exit opportunities for participants by cohering with further education and economic opportunities (DoE, 2009). In addition to further education and economic opportunities, sex education is also imperative as it prepares adolescents for adulthood.

### **2.8.3.3 Sex Education**

South Africa has high levels of fertility among adolescent females therefore sex education is required to address sexual issues amongst adolescents. Sex education is defined as an open communication or education by a teacher and parents to learners about pregnancy, motherhood “family planning, contraceptives and abstinence” (Jali, 2005:53). Van Schalkwyk (2004:15) defines sex education as a process of guiding the child to responsible adulthood with added norms, values and skills. It is therefore apparent that access to information is crucial for teenagers who want to prevent pregnancy (Jewkes and Christofides, 2008:9).

Hence a number of initiatives have been implemented in South Africa to prevent and mitigate the impact of teen pregnancy. These include sex education as part of the life skills programme in schools as formal educator, and roll out of youth friendly services at government clinics, and funding programmes such as LoveLife which are regarded as informal educators. The informal educators combine a highly visible sustained national multi-media HIV education and awareness campaign (HSRC, 2008).The literature indicates that there are various sources of informal education.

Kansumba (2002) states that parents are the main providers of sex education to adolescents. Whereas adolescents undermine education from parents and think that it does not equip them to deal with the pressures with regard to sexual issues. Instead they turn to their peers for guidance and search for information from books, magazine articles and videos. However, Murray, Stewart and Rosen (2000) argue that clashing beliefs about the role of the family, versus the role of health professionals, educators, and the state also generate controversy. Young people have traditionally learned about sex and reproduction through the extended family or via a network of neighbors or friends, often in conjunction with well-defined rituals or rites of passage. Nevertheless, Cupido (1998:39) states that adolescence is a period characterised by pressures from many various channels. Sexual messages communicated by these different sources both verbally and nonverbally are often done in a manner that allows misinterpretations to flourish.

Emihovich and Fromme (1998) concur that adolescents today are showered with frank and explicit discussions of sexual topics such as multiple partners, cross-generational pairings, ratings of sexual proficiency, masturbation and premature ejaculation, subjects that are raised repeatedly, and often irresponsibly, on situation comedies and talk shows. Mohase (2006) also add that brochures don't stop promiscuity but do give an idea of sex and the results. At times parents keep their children informed but only give them partial information by encouraging them to use contraceptives. However, she argues that information is the key to reducing teenage pregnancies, but schools supply only the barest of essential information. Emihovich and Fromme (1998) concur that school based sex education programs in most cases are unable to address human sexuality in any way other



than to provide basic medical facts and stress abstinence. In addition classroom instructions provide limited information about anatomy and physiology, biased and inaccurate information about sexually transmitted diseases, abortion, and sexual response; and virtually no information about contraception, safer sex or homosexuality.

Even though schools provide limited information, Jali (2005:52) strongly argue that educators are in a sole position to provide sex education because they spend most of time with adolescents in school; therefore they should teach adolescents what it means to be an adolescent and young adult. Adolescents need to know how their bodies work, how their bodies will change, why these changes take place and how they should control their bodily urges. “They need to know, for example, about reproduction, how their “reproductivity” works and how to control their sexual urges. Furthermore, Jali (2005:52) asserts that they need to know that there is a difference between sex information and sexuality education”. Cupido (1998:69) add that parenting learners need education and information to enable them to make reasonable choices and the prevention of any more unwanted unplanned pregnancies. Educators should be aware that first sexual experiences occur for most girls younger than 15 years and they should be well equipped to confront this and they should be able to inform them about contraceptives.

As Whitehead (1994:7, cited from Emihovich and Fromme, 1998) states that many educators are unwilling to confront the fact that for most girls younger than 15, their first sexual experience is likely to be coercive one and that decisions about pregnancy are interwoven with the girls’ struggle to master the developmental tasks of adolescence. During the early sexual activity, teenagers are not well informed about contraceptives. MacPhail et al (2007) signify that it is only after a first pregnancy that young women are educated about and subsequently offered contraceptive services, with preference being given to hormonal methods. Amu and Koby (2006:1) argue that teenagers are generally poor contraceptive users’; they tend to delay accessing the service until they have been sexually active for about a year or when they have been motivated by a pregnancy scare. Many admit to technical difficulties with their chosen method. A few adopt a defeatist attitude after many contraceptive crises, and simply abandon attempts to use

contraception regularly. Chilman (1986: cited in Van Wyk 2007: 39) add that the following factors are associated with failure to use effective contraceptives:

Firstly, the demographic conditions, for instance age lower than 18, lower socio-economic status etc. Secondly, the situational variable, for instance not being in a stable or committed relationship, having intercourse periodically and without prior planning, contraceptives not available at the moment of need, not having ready access to a free confidential family planning service that does not require parental consent, lack of communication with parents regarding contraceptives. Thirdly, psychological conditions for instance desiring a pregnancy, high fertility values, ignorant of pregnancy risks and of family planning services, low educational achievement, low self-esteem, poor communication with parents.

Informed use of contraception has a significant effect on reducing the possibility of conception and conversely ignorance about sexuality, contraception and reproduction can be a major contributor to teenage pregnancy (Van Wyk, 2007). MacPhail, Pettifor, Pascoe and Rees (2007) add that young women are considering the use of contraceptives only once they are involved in long-term, regular relationships. There remains, however, a need to offer contraceptive services to young women who are intermittently sexually active in less stable types of relationships. In most cases during first intercourse adolescents ignore information about sexuality and contraception.

As Phoofole (2005:61) supports this by adding that at their first sexual contact adolescents often lack knowledge about sexuality and reproduction. Furthermore first sex is often experimentation and those involved usually do not prepare for it by obtaining contraceptives, even if they know where to get them. Adolescent girls may lack the power, confidence and skills to refuse to have sex. The gender roles of the submissive female and dominant male make it more difficult for the girl to say no. Hence MacPhail, *et al* (2007) argue that international studies have indicated that a lack of contraceptive use is often the result of social stigma or lack of knowledge. The findings of the research conducted by MacPhail, *et al* (2007) indicated that among young South African women, contraceptive use was associated with having previously been pregnant women who had ever been pregnant were more likely to report using hormonal methods and less likely to

report using condoms compared to those young women who had never been pregnant. Thus, these girls need guidance and information to empower them.

Sex education is a complex subject and requires strategic solutions to succeed. Therefore, Richter and Mlambo (2005: 68) suggest that sex education should be included in the school curriculum. Sex education in schools and via other channels is a low-cost strategy for lowering the incidence of teenage pregnancy. All young people can be reached at an early age, before they become sexually active. Parents should be involved as primary sex educators. However (Reproductive Health, 1999) further signifies that young people need basic information about sexuality and reproduction. They also need to learn how to protect their reproductive health. It has been proven that sex education leads to safe behaviour and does not encourage earlier or increased sexual activity. Therefore, young people should be informed about STD/ HIV/ AIDS and early pregnancy, and appropriate advice and supplies should be made available to them. Young people need to develop certain skills to be able to make informed, responsible decisions about their sexual behaviour. They need to be able to resist pressure, be assertive, negotiate, and resolve conflicts. They also need to know about contraceptives, such as condoms, and feel confident enough to use them. Peer counselling and peer education can be very effective in strengthening these skills and attitudes.

From the international perspective, Murray, Stewart and Rosen (2000:1) give the following recommendations: 1). Formulating national policies that authorize the provision of information and services to unmarried young people is an important step toward overcoming informal barriers.2). Open communication—through the mass media and at a more personal level—helps remove the taboo from discussing adolescent sexuality, and also can provide information, redefine social norms, and change attitudes and behaviors.3) Young people are among the most effective advocates for change, and several programs have channelled their energy and enthusiasm into helping modify social norms and lower barriers to youth programming.4) Involving a broad range of key actors early in the process of policy or program development is an important way to address conflict and controversy.

In addition, the DoE (2009) suggests that the international evidence for the effectiveness of sex education programmes is substantive. Although the South African evaluation studies are less convincing, sex education should form a critical component of a comprehensive strategy towards reducing teenage pregnancy. However, a number of steps need to be taken to improve the focus, quality and level of implementation of programmes in South African schools.

#### **2.8.4 CONFIDENTIALITY AND SENSITIVITY**

The issue of teenage pregnancy is a very sensitive matter and adolescents prefer to keep their sexual health and pregnancy confidential. To support this statement Billings (2005) completed a major study on teenagers' views and experiences of sex and relationships education, sexual health services and family support services in Kent. During her study she asked the teenagers what they thought was the most important feature of a sexual health. Ninety percent of them reported that "confidentiality" was very important, followed by "not telling my parents". This was reinforced by an unusually high number of written statements such as "promise of confidentiality", "a guarantee that parents will not be informed". This proves that teenagers should be able to trust the person they are talking to, and know what they are doing or telling that person is confidential (Billing, 2005). Center for Health Improvement (CHI) (2003:3) also agree that teens often have concerns about the confidentiality and accessibility of family planning services that may prevent them from visiting a family planning provider once they have become sexually active. Teens who are minors may not wish their parents to know of their sexual activity and need confidential access to the full range of contraceptive and reproductive health care services without the consent of a parent or guardian.

In addition, the Department of Health (2007) suggests that schools should also strive to ensure the existence of a climate of understanding and respect in regard to unplanned pregnancies, and should put in place appropriate mechanism to deal with complaints of unfair discrimination, hate speech or harassment that may arise. These may include: 1) Name-calling of a sexual nature, or jokes demeaning the dignity of a person, self-image and concept. 2) Written or graphic discrimination in the form of notes or suggestive

material relating to the pregnant learner; and 3) Breaking confidentiality in a condemning or judgmental manner. Sefton Children's Services (2001) - children's international organisation in Liverpool also provides guidance for schools regarding the education of school age mothers. This guide stipulates that teachers should seek consent for any disclosure and should make clear that they cannot offer, nor guarantee, pupil's unconditional confidentiality. However, if confidentiality has to be broken, the pupils will be informed first.

### **2.8.5 FINANCIAL CONSTRAINTS**

Pregnant and parenting learners need financial support to sustain themselves and their babies. The learner can have all the other means of support but without financial support the baby won't survive and the learner won't be able to continue with studies without financial support. Most pregnant and parenting adolescents are unmarried and unemployed, and must rely on their mothers for basic necessities (material support), such as food and housing, for both themselves and their infants (Logsdon, Birkimer, Ratterman, Cahill & Cahill, 2002).

Most teens are not able to obtain meaningful employment due to their young age and lack of education. Therefore, the financial assistance of their parents is greatly needed. Parents can financially assist their teens until they are capable of supporting themselves and their child, locating other positive financial resources, and demonstrating financial responsibility (Rowen, Shaw-Perry, Rager, 2005). The financial support from the father of the baby might be insufficient.

As Logsdon, Birkimer, Ratterman, Cahill & Cahill (2002) concurs that young fathers may have limited economic resources, so they are rarely strong sources of financial support. Even when a teenage father is involved with supporting the child, his earning potential, and therefore his ability to contribute to child's support, is modest, particularly if he has not completed high school (Ruch-Ross *et al*, 1996). Cupido (1998:72-76) also adds that too many such births, in which the fathers of the children are not supporting their babies, may destroy a family's tenuous grip on survival and lead to poverty.

Cupido (1998) further argue that poverty is the spectre which hangs over most working class coloured and black households and another child may stretch finances to its limit. Poverty is thus a factor which needs to be noted on two levels where financial support is needed. The first one is inability to meet direct costs for schooling. Such costs are school fees and materials, uniforms, transport to and from school and food. Inability to afford the direct costs has a heavy bearing on girl's education as it bars them from enrolling in school. Additionally, it contributes to high dropouts, child labour and low performance due to irregular attendance. The second side of poverty is the loss of opportunity especially for girls. Due to a high demand for the girl's service at home, parents become reluctant to send them to school, or just to give them enough time for school activities (ADEA, 2003:15-16).

Furthermore, the socio-economic consequences of teenage pregnancy and motherhood have particular consequences for the country as a whole. To lessen the level of poverty, the state has implemented the Child Support Grant (CSG) with the aim of reducing the impact of poverty on children, including those born to teenage mothers. In controversy, Makiwane and Udjo (2006:5) argue that the introduction of the CSG in South Africa has stirred up similar issues and similar debates regarding welfare. A school of thought has developed in South Africa which claims that the CSG has some perverse incentives, one of which is to encourage women to have more children, especially teenagers. To some extent this perception has been verified, it is proven that even though the Child Support Grant is considered available for teenagers, the uptake by teenagers remains low (DoE, 2009: 57).

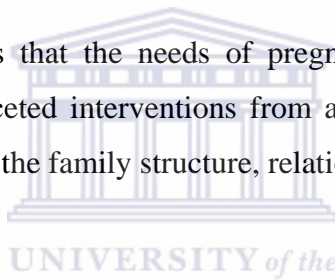
The Department of Social Development (2005) conducted a research on CSG and the analysis of data shows that teenagers claiming the CSG were considerably lower than the proportion of teenage mothers (13% lower) in the South African population. Reasons for the low uptake are most likely related to lack of knowledge about the CSG and the difficulty in obtaining the required documentation (DoE, 2009:57). However, Makiwane and Udjo (2006) state that more older women are direct recipients of the CSG than those who are child bearers and, by contrast, among young women there are more women who are child bearers than are direct recipients of the grant. That is, younger mothers are not

benefiting directly from the CSG in the same proportion as older caregivers. Therefore, in this situation teenage girls do not have easy access to financial welfare assistance and are usually forced to interrupt their schooling.

Emihovich and Fromme (1998:153) signify that reducing the numbers of teen parenting will depend on policy makers and educators coming to terms with the fact that the solutions are complex and multifaceted in nature and that progress will be painfully slow until the broader public acknowledges all the cultural, economic and social dimensions of the problem.

Harrison (2008) provides a socio economic suggestion, this author states that an emergent leadership committed to reducing social and economic gradients in South Africa can help create a more risk-averse society.

The literature reviewed shows that the needs of pregnant and parenting learners are complex and required multifaceted interventions from all relevant stakeholders. Hence the following section discusses the family structure, relationships and cultural influence.



#### **2.8.6 THE FAMILY STRUCTURE AND RELATIONSHIPS**

The family structure and the relationship with the parents and the father of the child are the major concerns for the teenage mothers. The type of support these people provide varies, with mothers frequently providing informational and material support and the father of the baby providing emotional support. Mothers of pregnant adolescents play an important role in the phenomenon of adolescent pregnancy. They have the formidable task of coping with their own reactions to their daughter's situation while, at the same time, coping with the hectic daily routine of a pregnant adolescent. In consequence, the parents may feel confused about their responsibility towards their daughter (Jali, 2005).

Archibald (2004) signifies that some people mentioned that when a young girl continues to live at home with her new baby, it may create a strain on the family finances, the living arrangements (i.e. fitting one more body into an overcrowded home) or on an overworked grandmother who ends up taking over the care of the baby. Logsdon, Birkimer,

Ratterman, Cahill, Cahill (2002) also indicate that conflict and relationship problems frequently occur particularly if the grandmother feels angry and resentful about the pregnancy. For the most part, the adolescent's own father is reported to exert minimal influence and provide little support. Regardless of family conflicts still, the support of a loving family is considered beneficial to the young mother and her new baby (Archibald, 2004). Therefore their role calls for limitless patience and negotiating skills of a seasonal diplomat (Corbett & Meyer, 1987, as cited in Jali, 2005).

Rowen, Shaw-Perry and Rager (2005) also add that parental guidance and support are critical components of a teenager's life. The way teenagers are viewed by their parents can greatly influence their behaviour. In addition the relationship between parents and adolescents can also contribute to teenage pregnancy.

As Kansumba (2002: 20) states that the structure and organization of a family can be seen as “contributing firstly to early sexual initiation and secondly to teenage pregnancy”. Hence Rowen, Shaw-Perry, Rager (2005) suggest that parents should offer support and guidance to their teens by accompanying them to doctors visits and assisting them in maintaining a healthy lifestyle that will benefit both the pregnant teen and their unborn child. Parents should also continuously encourage their teens to stay in school by offering support such as providing childcare, assisting them with school assignments, and providing financial assistance when necessary, even as they are teaching their teens to become self-sufficient.

Rowen, *et al* (2005) suggested that a declining relationship between a teenage girl and her parents would often result in greater reliance on her relationship with her boyfriend. As this relationship grows, the girl attempts to cement the relationship and begin a new family by becoming pregnant.

Kansumba (2002: 20) further add that regarding to relationships with partners, the male partners might leave a girl after he had sex with her (he might lose interest in her), and a partner often leaves a girl after she has become pregnant. This situation leaves a girl in a situation, where she has to balance her own security, and meet her family's expectations, and her longing for an intimate relationship (Jali, 2005). Logsdon, Birkimer, Ratterman,



Cahill, Cahill (2002) signify that support from the father of the baby is mentioned frequently as being important to pregnant and parenting adolescents, and when present, increases their self-esteem.

Young fathers however may lack the maturity to provide their partners with the emotional support and stability they need. According to Phoofolo (2005) the lack of adequate social supports from male partner has been found to have the effect of lower emotional well being. Consequently the teenage mother might have postnatal depression, and this can continue for one year or more after the birth of the child if adequate support was lacking before and or after the baby was born.

Jali (2005:47) also concur that adolescent girls need the support of their boyfriends and if there is a lack they experience distress. Unfortunately, men either may not be socialised to be actively involved with pregnancy or may be unready for pregnancy or such involvement. It is therefore clear that the minimal support from boyfriends and family risk factors can greatly contribute to teenage pregnancy and teenage pregnancy can be intergenerational. Hence the following section discusses various forms of family risk factors.

According to Emihovich and Fromme (1998) the steady increases in both the divorce rate and numbers of women who choose to have children while remaining unmarried have resulted in a substantial proportion of teenage parents who grew up in families split by divorce and separation and who were themselves children of teenage mothers. Phoofolo (2005:14) add that among adolescent girls from poor families, from single-parent families, or from families with relatively uneducated parents, pregnancy rates are higher. Furthermore, Phoofolo (2005:14) state that girls whose mother became sexually active at an early age and who bore their first child early are likely to follow a similar path. In addition, Jewkes and Christofides (2008) state that some African teenagers report that their mothers or grandmothers are pleased when they get pregnant.

East (1998) conducted a study which showed that younger sisters of adolescent mothers have teenage childbearing rates two to six times higher than women in general population and this study has shown that younger sisters have higher levels of adolescent sexual

activity. Shared background and shared social address may contribute to sister's pregnancy. Dangal (2005) also add that growing up in a single parent household, having a mother who was an adolescent mother, or having a sister who has become pregnant are critical life events for becoming teen mother. East (1998:158) argue that such shared, pre-existing risk factors for teenage pregnancy would include sister' ethnic/racial background, their socio-economic status, their residence in an inner city, a disadvantaged neighbourhood, or an isolated rural area where access to effective birth control is limited, and their shared exposure to neighbourhood and community norms where teenage sexuality and teenage parenting are accepted.

East, (1996:158) further indicate that within family risk factors that would be common to both sisters also include the parenting the sister's received, the parent's marital status, and their patterns of mother-daughter communication. National Coalition of Pastors' Spouse (2004) add that many teens, like adults, make decisions about their sexual behaviour based on religious beliefs, moral values, and their own understanding of family, children, love, and commitment. All of these factors (i.e. permissive parenting, single parent household and a lack of mother to daughter communication about sexuality and contraception) have shown to be associated with teenage sexual behaviour and teenage pregnancy (East, 1996:158).

Archibald (2004) also adds that pregnancy is sometimes viewed as a means of escape: escape from having to go to school, from the community, or from an unhappy home. Some girls "come from homes where there are alcohol and other problems so they have been denied the nurturing care themselves and they may be looking for something that's their very own.

However, East (1996) suggests that comprehensive economic agenda for developing disincentives to early parenting, such as providing job skills training, employment opportunities, and job security. Furthermore, if young women are expected to be motivated not to be teen mothers, they need to have a clear vision of what they can do. In addition alternative role models should be promoted. Many young sisters lack successful role models hence the need for alternative role models is especially crucial for girls who remain at home with their families of origin (East, 1996: 167).

Mohase (2006) also adds that general guidance about life should be provided at home. Families should not change their attitude towards the child once they learn about the pregnancy as that may affect the self-esteem of the child. They should continuously support and encourage the pregnant or parenting learners positively about school.

In addition, support groups could also help to curb this problem. East (1996:167) suggest that if the parenting teens and their partners could emphasize to younger teens the hardships involved in early parenting (e.g. the stress of parenting a young infant, limited job options, difficulty of finishing school, a restricted social life) and actively discourage young siblings from teen pregnancy and parenting. Prevention efforts aimed at younger sisters may be optimised if family involvement is encouraged. Furthermore, if the family is included in the service delivery, the prevention message may be more lasting and long-lived.

Rosengard, Pollock, Weitzen, Meers and Phipps (2006) add that understanding their concepts of the advantages and disadvantages of teen childbearing may point to ways in which pregnancy-prevention efforts can be enhanced and tailored to subgroups of teenagers. In addition, adolescent girls' discussions with their mothers about the negative consequences of pregnancy, stronger maternal disapproval of teen pregnancy, and greater adolescent satisfaction with mother-daughter relationships are all associated with more negative attitudes toward pregnancy among adolescent girls.

### **2.8.7 CULTURAL INFLUENCE**

Culture is one of the driving forces that lead to teenagers drop out from school. As Kirby (2002) and Melby (2006, cited from DoE, 2009:38) argue that in certain cultures, teenage pregnancy is accepted and welcomed and this could impact teenagers' attitudes towards pregnancy and, in turn, their behaviour. Ritchter and Mlambo (2005:67) also add that African cultures play a significant role in the high incidence of teenage pregnancies. Particularly, parents want their girls to be married at a very young age so that they can receive lobola (money in return for permission to marry the girl).

Europa (2005) also concurs that some adolescents grow up in cultural environments where reproductive ability is seen as a sign of strength. Young women are sometimes encouraged to 'prove' their fertility and are often told by their mothers that pregnancy during adolescence is far more preferable than the prospect of infertility caused by contraceptive use. Jewkes and Christofides (2008:7) also argue that social reactions to teenage women who become pregnant show diversity, particularly in the African culture. Child birth, whether in or outside marriage, is traditionally regarded as the ultimate rite of passage to womanhood and thus elevates a girl's social status whereas other pregnant teenagers experience fear and punishment. The experience may be very different for teenage girls who come from marginal and dysfunctional families or those without a strong mother figure in the home. Murray, *et al* (2000:1) disagree with the notion teenage pregnancy approval, they state that all societies have "rules" about the sexuality of young people, and most discourage premarital sexual activity and childbearing outside of marriage. Because adolescent sexuality is felt to threaten the social order in many cultures, a strong element of fear surrounds young people and their sexuality. Many societies also expect young men and young women to express their sexuality differently. Prohibitions on premarital sexual activity of adolescent girls are often far stronger and more energetically enforced than those placed on boys.

In addition, African communities largely have a male-preference attitude. Males are expected to be able to do wonders in the world of knowledge and technology while a woman's place is at home, keeping up with the livelihood of the family (Mushi 2002, World Bank 2002b). They discourage school attendance as a married girl 'belongs' to the husband's family for whom she will be working (Richter and Mlambo, 2005:67). All family development efforts, including schooling are invested on the boys because they are the makers of clans while the girls are expected to be married off to husbands who will speak for them. As a result few efforts and resources are spent on girls' development in general (ADEA, 2003). The ignorance of girls' career development is also a leading cause of teenage pregnancy and school dropout.

In contrary to the notion of African culture and its impact on teenage pregnancy, Macleod (2002) completely disagree with this notion and argue that explanations for the

occurrence of teenage pregnancy amongst 'whites' are usually psychological in nature, while socio-cultural explanations are invoked for its occurrence amongst 'black' teenagers. The 'traditions' of 'black' people are portrayed as breaking down. The racialization of 'tradition' and 'culture', the behaviours, actions, and social conditions under which 'black' people live are rendered strange and hence open to scrutiny and finally intervention. 'Black' people are exoticized and cast as the other; they become the pathologized presence when social problems are fore-fronted (Macleod, 2002: 22).

In response to cultural controversy, Emihovich and Fromme (1998:140) suggest that the problems teen parents present for school and society cannot be adequately addressed without an understanding of the cultural and social frames that have led to their prominence in our national political discourse and that successful prevention programs cannot be developed without this same understanding as well. In addition, Santelli and Schalet (2009:6) signify that normalizing adolescent sexuality in the context of a society and culture means conceiving and discussing sexuality as part of normal adolescent development for which young people must develop the necessary psychological and interpersonal skills. Developing such skills would be facilitated by viewing adolescent sexuality as a continuum along which young people move as their personal maturity and interpersonal relationships permit.

## **2.9 CHAPTER SUMMARY**

Chapter two covers the main theoretical influences which underpin the research and the study is based on family systems approach. Relevant literature is reviewed, including teenage pregnancy and its impact on education attainment in a global and local context; teenage pregnancy impact is also discussed in a broader perspective. Adolescence is defined as the stage between childhood and adulthood and the consequences of risky behavior, in this developmental phase, such as alcohol abuse and unprotected sex have surfaced from the discussion. Interventions for teenage pregnancy including learner pregnancy policy are discussed in detail. The parenting learner's experience of teenage pregnancy is presented and the impact of adolescent pregnancy on the adolescent's needs. Various interventions and responses to adolescent pregnancy are explored with emphasis

on the WCED learner pregnancy policy. The following chapter is presents the methodology and research procedure applied to the study.



## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

Research methodology focuses on the research process and the kind of tools and procedures to be used (Babbie and Mouton, 2006:75) in the study. Therefore this chapter presents a comprehensive description of the methodological structure and methods applied in this study. A description of participants, and the instrumentation used is provided. A step-by-step procedure of how the data was collected as well as how the data was analysed is specified. This chapter furthermore indicates the ethical considerations taken into account for this study. The limitations and significance are also discussed.

#### **3.2 RESEARCH DESIGN**

A qualitative research design in the form of a case study was employed. A quantitative method was also utilised in the form of a short questionnaire for demographic purposes in order to provide a general description of the sample. Qualitative and quantitative methods are tools, and their utility depends on their power to bear upon the research questions asked (Payne, 2004). Qualitative researchers believe that rich descriptions of the social world are valuable, whereas quantitative researchers are less concerned with such detail. Despite all different opinions, both qualitative and quantitative researchers are concerned with the individual's point of view (Joty, 2006).

A qualitative case study research design was primarily utilized for this study as it allows the researchers to study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 2003). Bhana and Kanjee (2001) assert that qualitative method yields "insider" knowledge that is rich, contextual and deep, concerning many interrelated variables,

which is useful for understanding particular cultures, behaviors and experiences, such as pregnant and parenting learners' experiences.

This study attempted to investigate the parenting learners' experiences at one school with regards to learner pregnancy management in this school. Semi-structured interviews were used collect data from the various participants regarding their experiences of parenting learners and adolescent pregnancy. The goal of these interviews, most often conducted as a conversation, was to draw out rich descriptions of lived experience (O' Leary, 2005:162). O'Leary (2005:116) contends that the advantage of using of this technique is being able to come away with all the data you intended, but also allows for interesting and unexpected data to emerge. Recommendations for the study are based on the findings.

### **3.3 STUDY SETTING**

This research was conducted in a Senior Secondary School, which is located in Khayelitsha. Khayelitsha is one of the largest townships in Cape Town, Western Cape. Khayelitsha (meaning- "new name") and was established in 1983 to decrease the overcrowded areas of Crossroads, Nyanga, Langa and Gugulethu. After twenty years being established, Khayelitsha is occupied by 400 000 people, almost entirely Xhosa speaking. The population distribution of Khayelitsha is such where there is a large percentage of young population with a small population of aged individuals. StatsSA (2001) confirms that 40.5% of its population is 0-19 years, 34.5% is 20-34 years, 19.6% is 35-49 years and 6.2% is 50 and older years.

Khayelitsha is facing multiple problems; amongst them are social and economic problems. StatsSA (2001) also showed that there is (35.7%) rate of unemployment that is much higher than the provincial and the average income of households per year of R 21,000 is very low compared to the provincial average of R 76,000. Along with poverty and the lack of facilities there is a highest rate of HIV/AIDS infections, as well as some of high crime and murder rates. Most of inhabitants are maintaining a strong link to the Eastern Cape (EC) as their home, travel to EC regularly, own properties and make regular payments to family members living in the Eastern Cape (WC-NACOSA, 2008).



Jali (2006) asserts that the issue of teenage pregnancy and motherhood among South Africans can only be understood against the background of the history of this country and the political and socio-economic influences on the family structure of South Africa. The living conditions of people have changed family life and structures. Thus socio-economic consequences of adolescent pregnancy have particular concerns for the country as a whole.

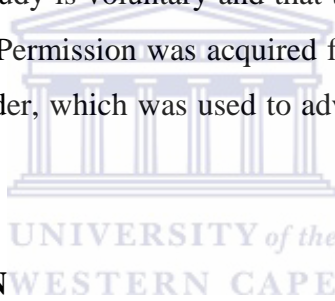
### **3.4 POPULATION AND SAMPLING**

Population is a collective term used to describe the total quantity of things (or cases) of the type which is the subject of your study (Walliman, 2006). Hence, Babbie and Mouton (2006:100) define population of a study as the group (usually people) to whom we want to draw conclusions. Babbie and Mouton (2006: 166) also assert that sometimes it is appropriate for you to select your sample on the basis of your own knowledge of the population, its elements and the nature of your research aims: in short, based on your judgement and the purpose of the study.

In this study the population refers to female parenting learners, from a Senior Secondary School, Khayelitsha. This school was established in 1986. The school had a growing number of pregnant and parenting learners, mainly in grade 11 and 12. The school had approximately 1567 learners ranging from grade 8 to grade 12 with an average of 46-48 learners per class and 56 teachers in school. Thus, the study focused on parenting learners between the ages of thirteen to nineteen years. Walliman (2006) indicates that once you identify the population, it is important to know the characteristics of the population. Purposive sampling was utilised for this study as it enabled the selection of unique cases, which enabled the researcher to gain a deeper understanding of the phenomenon under investigation. Walliman (2006:79) describes purposive sampling as a method where the researcher selects what he/she thinks is a 'typical' sample based on specialist knowledge or selection criteria. Thus the sampling for this study was based on parenting learners as they were in the position to provide information on their experiences of the school policy with regard to both pregnancy and parenting. Todres (2005) concurs that purposive sampling is appropriate sample to gather in-depth and richness of the experience.

### 3.5 PROCEDURES

Following several meetings with the school principal and requesting permission from the Western Cape Education department to conduct this research, parenting learners were approached by the school deputy principal, to enquire if they will be willing to participate in the research study. They were given the study information sheet providing the relevant information regarding the study (see Appendix D). The consent forms to be signed by their parents, relevant authorities, and learners were completed (see Appendix B). Interviews were arranged with the consenting learners and they were held at the school, in a classroom convenient for both the participant and the researcher. The semi-structured interviews were used as the technique. Each participant completed an additional demographic questionnaire (see Appendix F), which contained personal details of participant but the name of the participant was not divulged. Participants were informed that their participation in the study is voluntary and that they are free to withdraw at any point in time without penalty. Permission was acquired from the participants for the use of a voice activated tape recorder, which was used to advance the accuracy and efficacy of the data analysis.



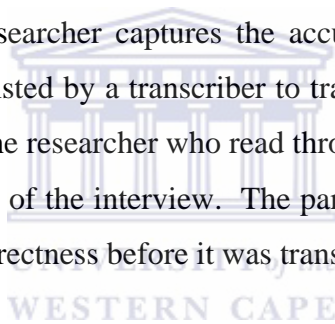
### 3.6 DATA COLLECTION

Collecting primary information is much more subject-specific and it needs a plan of action that identifies and uses the most effective and appropriate method of data collection (Walliman, 2006). Several types of data collection might be used in one study, therefore in this study demographic questionnaire and semi-structured interviews were utilized as data collection methods. The in-depth interviews were guided by open-ended questions with a checklist comprising of a closed set of questions. The interviews were approximately 70 – 90 minutes in duration (see Appendix G). The interviews with parenting learners were undertaken in their preferred language (Xhosa or English) as this increased the quality of the responses and those with teachers in English. The interviews were audio-taped, transcribed and then translated into English and the transcriptions were analysed using thematic methods. O’Leary (2005: 167) states that the key outcomes of semi structured interviews is rich descriptions that allow others to share in how a

particular phenomenon is experienced The researcher had an assistant who was taking notes highlighting contextual issues to enrich the data and to extract discrepancies.

### **3.7 VALIDITY AND RELIABILITY**

Babbie and Mouton (2006:124) state that social researchers should look both to their colleagues and to their subjects as sources of agreement on the most useful meanings and measurements of the concepts they study. Sometimes one source will be more useful; sometimes the other, but neither should be dismissed. Therefore, the following strategies were applied to ensure enhanced validity in this study. The researcher was supported by a research assistant and all written notes were triangulated with the transcriptions. The researcher repeated what had been said by the respondents and participants were then given an opportunity to clarify whether this was a correct understanding, the reason for this was to ensure that the researcher captures the accurate views of the participants. Finally, the researcher was assisted by a transcriber to transcribe the data. The data was cleaned after transcription by the researcher who read through the transcripts and checked whether it was a true reflection of the interview. The participants were also requested to verify the transcriptions for correctness before it was translated into English.



### **3.8 DATA ANALYSIS**

Walliman (2006) indicates that qualitative data should be represented in words and cannot be analysed by mathematical means such as statistics so you should be able to organise the data and come to some conclusions. So for this reason a thematic analysis was utilised as a data analysis tool because it focuses on identifiable themes that emerge during the interviews. The analysis of the interview transcripts covers the stages of organizing, reducing and making sense of the collected data (Mouton, 2001). Walliman (2006:138) add that thematic analysis helps to summarise the mass of data about numerous research questions by combining groups of questions that are connected, either from a theoretical point of view or as a result of groupings that can be detected in the data. The audio taped data from the interviews were transcribed and analyzed qualitatively producing themes and sub-themes. O’Leary (2005: 163) suggests that the goal of analysis is to explore commonalities and divergences in the experience of the

same phenomenon. The researcher must look for the range of experiences related to the phenomenon itself. This is generally done by moving between the texts and eventuating themes in a bid to reduce unimportant dissimilarities and integrate the essential nature of various descriptions. To analyse data, the researcher followed Seidman (1998) steps of analysing thematic connections, which are, following:

During the process of reading and marking the scripts, the researcher then began to label passages that have been marked as interesting. After reading and indicating interesting passages in two or three participant's interviews then the researcher classified them and started to sift out the ones that seemed compelling while setting aside the ones that seemed to be less of interest. The researcher then searched for connecting threads among the excerpts within the categories and for connections between various categories called themes in order to clarify the connections and formulate the themes.

### **3.9 LIMITATIONS**

This study is based entirely on self-reported data on a sensitive topic therefore there is a possibility of under-reporting or over-reporting (Catania, Gibson, Chitwood, & Coates, 1990). While the sample is adequate for this type of study, the results cannot be generalised to other schools.

### **3.10 ETHICAL STATEMENT**

Ethics are associated with morality; Babbie and Mouton (2006:520) concur that what we regard as morality and ethics in day-to-day life is generally a matter of agreement among the members of the group. To ensure the ethics for the study, the researcher consulted the study supervisor to get approval for interviewing techniques, strategies and aims. After the approval the researcher requested in writing, the approval of interviewing procedures, techniques and strategies from the Ethics Committee in the Faculty of Community and Health Science. Afterwards, the researcher requested necessary permission in writing, from the Western Cape Department of Education to conduct a research with parenting learners from a Senior Secondary School in Khayelitsha. The permission was then granted (see Appendix E) subject to a number of conditions all of which the researcher

complied with. Finally, the researcher consulted the school deputy principal and Life Orientation teachers and informed them about the research. The deputy principal informed the school management, school governing body, parents and parenting learners. Permission to do the study was granted by the school management; school governing body, the deputy principal, parents or guardians of learners. And then, the researcher then proceeded with the interviews.

The participants were informed about the nature and purpose of the study. Babbie and Mouton (2006:521) state that researchers have right to search for the truth but not at the expense of the rights and privacy of individuals in society therefore the individuals must be informed of the purpose of research. Participation was voluntary, informed and confidential as Babbie and Mouton (2006:521-522) affirm that no one should be forced to participate and social research should not harm the people regardless of whether they volunteer for the study or not. The identity of the participants remained anonymous and confidentially and this was maintained at all times. . The interviews were conducted in the first language of the adolescent parenting learners to increase the quality of the responses. The support and referrals were provided because the interview could have triggered personal and emotional issues. The participants were assured that the data will only be used for the stated purpose of the research and that no other person will have access to interview data. To assure this statement the audiotapes were expunged after the completion of the research project.

### **3.11 SUMMARY**

This chapter explores the methodology that was utilized in the study. A motivation for utilizing a qualitative research design was provided. The research setting, data collection procedures and data analysis are thoroughly discussed. Finally, validity and trustworthy, ethical statement and limitations of this study were discussed. The following chapter discusses results and findings of the study.

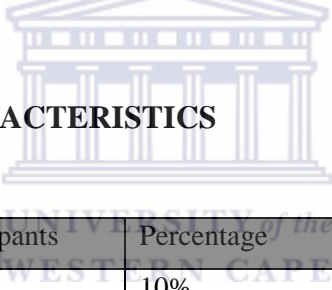
## CHAPTER 4

### RESULTS AND DISCUSSION

#### 4.1 INTRODUCTION

The aim of this study was to gain an in-depth understanding of the experiences of parenting learners with regard to the WCED learner pregnancy policy. To accomplish this aim, an interview schedule was utilized to obtain the opinions of the key informants regarding the phenomenon. This chapter highlights the demographics of the participants and the results of the thematic analysis are explored in line to the aims of the study. The demographic data is systematically interpreted in the following tables and discussions.

#### 4.2 DEMOGRAPHIC CHARACTERISTICS



Age	No. of participants	Percentage
16	1	10%
17	2	20%
18	4	40%
19	1	10%
20	2	20%

**Table 4.2.1** Ages of parenting learners

Table 4.2.1 denotes ages of parenting learners interviewed for the study. The table reflects that thirty percent (30%) of the pregnant teenagers' ages ranged between 16 to 17 years, and seventy percent (70%) ranged from 18 to 20 years. This distribution is aligned with the findings of (Mahy and Gupta, 2002; NRC-IOM, 2005) that by the age of 18 more than 30 percent of young women have given birth. In addition age 18 to 20 is supposed to be at the tertiary level already or at post matric level as DoE (2009) signifies

that teenage pregnancy can result in a detour in the education of adolescents with some deciding to stop their schooling while others are interrupted and later decide to return to school to complete their studies. The age is also considered as a risk factor for teenage pregnancy and for drop-out, concurring with Harrison (2008b) as he states that the chances of falling pregnant increases with the age.

Religion	No. of participants	Percentage
Christian	10	100%

**Table 4.2.2: Religion**

All of the participants (100%) indicated that they are Christians. Religion of the participants did not delay sexual initiation and subsequent teenage pregnancy. Religion is viewed as a moral guide to appropriate behaviour, and in this sample was not a driving force behind early sex abstinence.

Home Language	No. of participants	Percentage
Xhosa	10	100%

**Table 4.2.3: Home Language**

All of the participants (100%) indicated that their home language is Xhosa. Language is associated with culture and culture could have an impact on teenage pregnancy as indicated by research conducted by Richter and Mlambo (2005) who state that African cultures may play a significant role in the high incidence of teenage pregnancies. Particularly when parents want their girls to be married at a very young age, so that they can receive lobola (money in return for permission to marry the girl) in the Xhosa tribe.

Area	No. of participants	Percentage
Western Cape	8	80%
Eastern Cape	2	20%

**Table 4.2.4: Area of Permanent Residence**

The majority of the participants, 80 percent are permanent residents of the Western Cape. Two of them (20%) are Eastern Cape residents. The following table gives an overview of demographic profiles of participants.





<i>Participant</i>	<i>Age</i>	<i>Home Language</i>	<i>Religion</i>	<i>Permanent Residence</i>	<i>Enrolled Grade</i>	<i>Marital status</i>	<i>Living arrangement</i>	<i>Age of child</i>	<i>Responsible for education</i>
1	16	Xhosa	Christian	Cape Town	12	Single	Living with parents	1-1/5 years	Father and Mother
2	18	Xhosa	Christian	Cape Town	11	Single	Living with parents	1-1/5 years	Mother
3	18	Xhosa	Christian	Cape Town	12	Single	Living with parents	2 years	Mother
4	17	Xhosa	Christian	Cape Town	11	Single	Living with parents	2 years	Mother
5	18	Xhosa	Christian	Eastern Cape	12	Single	Living with parents	1-8 month	Father and Mother
6	19	Xhosa	Christian	Cape Town	12	Single	Living with parents	2 years	Mother
7	17	Xhosa	Christian	Cape Town	12	Single	Living with parents	1-1/5 years	Mother
8	20	Xhosa	Christian	Cape Town	11	Single	Living with parents	3 years	Father
9	18	Xhosa	Christian	Cape Town	12	Single	Living with parents	1-1/5 years	Father and Mother
10	20	Xhosa	Christian	Eastern Cape	11	Single	Living with parents	1-8 month	Father



#### **Table 4.2.4.1 Demographic Variables**

As shown in table 4.2.4.1 some of the residents from Khayelitsha are permanently based in the Eastern Cape. The area of residence also plays a big role in teenage pregnancy. As East (1998) argue that pre-existing risk factors for teenage pregnancy would include socioeconomic status, their residence in an inner city, a disadvantaged neighbourhood, or an isolated rural area where access to effective birth control is limited, and their shared exposure to neighbourhood and community norms where teenage sexuality and teenage parenting are accepted. DoE (2009) also add that when they grow up in residential areas where poverty is entrenched (informal areas and rural areas); they are at risk of experiencing an early pregnancy.

Grade	No. of participants	Percentage
11	4	40%
12	6	60%

#### **Table 4.2.5: Enrolled Grade**

Most of the participants, sixty percent (60%) were enrolled in grade 12 and forty percent (40%) enrolled at grade 11. Grant and Hallman (2006) add that the relative risk of becoming pregnant is greatest in grade 12. While the pregnancy remains high, Grant and Hallman (2006) assert that as female learners approach their matriculation certificate, their likelihood of dropping out of school decreases.

Monthly income	No. of participants	Percentage
R501-R1000	1	10%
R1001-R2500	3	30%
R2501-R3500	0	0
R3501- and more	6	60%

#### **Table 4.2.6: Monthly income of Parents**

Majority of participants, sixty percent (60%) indicated that their parent's combined monthly income is R3501 and more. Whereas thirty percent (30%) indicated that their parent's monthly income is R1001-R2500 and ten percent (10%) indicated that it is

between R501 and R1000. DoE (2009:6) indicate that over two thirds of young women report their pregnancies as unwanted because it imposes greater financial hardships in a context of high levels of poverty and unemployment. Mohase (2006) corroborates this by stating that the child will obviously be seen as a burden by the teenager's parents as they will have to readjust their budget in order to accommodate the newest member of the family.

Number of children	No. of participants	Percentage
One (self)	2	20%
Two	1	10%
Three	2	20%
Four	3	30%
Five and more	2	20%

**Table 4.2.7: Number of Children in the Family**

Thirty percent (30%) of participants indicated that they are four children in the family; another twenty percent (20%) indicated that they are only one child in the family; another twenty percent (20%) indicated that they are three children in the family; another twenty percent (20%) indicated that they are five and more children in the family whereas ten percent (10%) indicated that they are only two children in the family. The number of children is regarded as a risk factor for teenage pregnancy as parent's attention will be divided and cannot fully focus on one child (Vundule, Maforah, Jewkes, Jordaan, 2001). This notion supports the DoE (2009) finding that teenagers who are raised in larger families are at increased risk of earlier sex than those who are not. This result from teenager's replicating their siblings' sexual behavior or because parental monitoring is spread too thin when more children live in the home.

Additional family members	No. of participants	Percentage
One	2	20%
Two	1	10%
Five and more	1	10%
None	6	60%

**Table 4.2.8: Number of Additional Family Members**

In relation to the number of children in the family, twenty percent (20%) of participants indicated that in addition to the number of children in the family there is one additional family member. Ten percent (10%) indicated that there are two more additional family members and other participant indicated that there are five and more additional family members. Having additional members in the family imposes financial strain and also contributes to teenage pregnancy, this confirms Archibald's (2006) finding that a number of generations living in one house cause emotional and financial stress. Lee-Rife (2005) also concurs that family members do encourage teenage pregnancy as they are frequently available to provide childcare and the children of adolescent are usually absorbed into grandmother's household.

Parents	No. of participants	Percentage
Both alive	8	80%
Father deceased	2	20%

**Table 4.2.9: Parents Alive**

Most of the participants, eighty percent (80%), indicated that both parents are alive and twenty percent (20%) indicated that their fathers are deceased. The family structure and the relationship with the parents are very important, as Kansumba (2005) indicates that the structure and organization of a family can be seen as "contributing firstly to early sexual initiation and secondly to teenage pregnancy". Dangal (2005) also adds that growing up in a single parent household is a critical life event for becoming teen mother.

Responsible for education	No. of participants	Percentage
Own father and mother	3	30%
Own father only	2	20%
Own mother only	4	40%
Boyfriend	1	10%

**Table 4.2.10: Responsible for Education**

Table 4.2.10 reflects the individuals responsible for supporting the pregnant teenagers financially. Forty percent (40%) of participants indicated that their mothers are

responsible for their education; thirty percent (30%) indicated that both parents are responsible for their education and twenty percent (20%) indicated that their fathers are responsible for their education. Whereas ten percent (10%) indicated that, her boyfriend is responsible for her education. This coincides with the statement by Phafoli *et al* (2007) that the most important support pregnant teenagers get is from their families. Adolescents who have adequate coping resources, a supportive family and a stable, sympathetic partner adjust better and provide higher quality parenting skills.

Educational level of father	No. of participants	Percentage
Grade 8 or lower	5	50%
Grade 9 to 11	2	20%
Grade 12	2	20%
Further than grade 12 but not university education	0	0
University degree/postgraduate education	0	0
I do not know	1	10%

**Table 4.2.11: Educational level of Father/Stepfather/Guardian**

When asked about their father's education level, half of participants, fifty percent (50%) indicated that their father's education ranges from grade 8 or lower. Twenty percent (20%) showed that their fathers obtained grade 12. Other twenty percent (20%) indicated that their father's education ranges from grade 9 to 11 and one (10%) participant didn't know her father's education. Illiteracy is identified as a family risk factor as Phoofolo (2005) indicates that among adolescent girls from families with relatively uneducated parents, pregnancy rates are higher.

Educational level of mother	No. of participants	Percentage
Grade 8 or lower	5	50%
Grade 12	3	30%
Further than grade 12 but not university education	1	10%
Never went to school	1	10%

**Table 4.2.12: Educational Level of Mother/ Stepmother/ Guardian**

Half of participants, fifty percent (50%) indicated that their mother’s education ranges from grade 8 or lower. Thirty percent (30%) showed that their mothers have obtained grade 12. One participant (10%) indicated that her mother’s education is further than grade 12 but not university education. One participant (10%) indicated that her mother never went to school. The DoE (2009) states that the lack of education represents a missed opportunity because most parents lack both knowledge and skill to talk openly about sex and therefore feel disempowered to guide their children in an environment that emphasizes a rights-based culture for children.

Birth order	No. of participants	Percentage
Eldest child	2	20%
Second eldest	4	40%
Third eldest	1	10%
Fourth eldest	1	10%
Youngest	2	20%

**Table 4.2.13: Birth Order in Family**

The majority of participants, forty percent (40%) are the second eldest in the family whereas twenty percent (20%) are the eldest children in the family and another twenty percent (20%) are the youngest, the other two participants (20%) are the third and fourth eldest in the family. East (1998) conducted a study which showed that younger sisters of adolescent mothers have teenage childbearing rates two to six times higher than women in general population and this study has shown that younger sisters have higher levels of adolescent sexual activity. Shared background and shared social address may contribute to sister’s pregnancy. Birth order is discussed in findings of study by East (1999) that indicates that in families in which the teenager was initially pregnant, mothers monitored and communicated less with other children and were more accepting of teenage sex after the older daughter gave birth. And in families in which the teenager was initially parenting, mothers perceived more difficulty for their teenage daughters and reported

being less strict with their other children across time. Therefore birth order can also be regarded as a risk factor for teenage pregnancy.

Marital status	No. of participants	Percentage
Single	10	100%

**Table 4.2.14: Marital Status**

Hundred percent (100%) of participants are single. The singlehood of these mothers raises concern as teenage pregnancy can be intergenerational and can further devastate the family system in a long term. According to Emihovich and Fromme (1998) the steady increases in both the divorce rate and numbers of women who choose to have children while remaining unmarried have resulted in a substantial proportion of teenage parents who grew up in families split by divorce and separation and who were themselves children of teenage mothers.

Living Arrangements	No. of participants	Percentage
Living with parents/relatives	10	100%

**Table 4.2.15: Living Arrangements**

Hundred percent (100%) of participants are still living with their parents. Living with parents is beneficial for pregnant and parenting learners since they receive assistance and guidance from their parents. Allen (2009) confirms that young pregnant or unwed parenting adults continue to live with their parents for an average of five years and they most often provide emotional support, housing, transportation, financial and childcare assistance for their child and grandchild.

Number of children	No. of participants	Percentage
One	10	100%

**Table 4.2.16: Number of Children**

All the participants, hundred percent (100%) indicated that they all have one child each. Having one child means that an adolescent can still have a second chance to finish her

secondary education. The literature consulted support this finding as study conducted by Van Wyk (2007) signifies that parenting learners who had only one child were found to be more likely to finish high school than those who had more than one child.

Age of the child	No. of participants	Percentage
1-8 months	2	20%
1-1.5 years	4	40%
Two year	3	30%
3 years	1	10%

**Table 4.2.17: Age of the child**

Forty percent (40%) of participant's children were one and half year old, thirty percent (30%) were two years old and twenty percent (20%) were less than 8 months, one (10%) of them was three years old. The age of the child is significant as it relates to the caring needed. For the purpose of this study caring is referred to breastfeeding, bonding and intimate relationship between mother and the baby. The younger the child the more caring or attention and direct contact between mother and baby are required.

Used contraception before	No. of participants	Percentage
Yes	4	40%
No	6	60%

**Table 4.2.18: Contraception Use before Pregnancy**

Most of participants, sixty percent (60%) have never used contraceptives before pregnancy. although forty percent (40%) of them indicated that they had used contraceptives before. Teenagers generally delay to use contraceptives until something scares them as Amu and Koby\_(2006) agree that teenagers delay to access the contraceptives until they have been sexually active for a year or they have to be scared by pregnancy. Phoofolo (2005) also supports this by adding that at their first sexual contact adolescents often lack knowledge about sexuality and reproduction. Furthermore, first sex is often experimentation and those involved usually do not prepare for it by obtaining contraceptives, even if they know where to get them. Adolescent girls may lack the power, confidence and skills to refuse to have sex. MacPhail, *et al* (2007) add that a lack



of contraceptive use is often the result of social stigma or lack of knowledge. Van Wyk (2007) also adds that failure to use contraceptives is also associated with demographic factors such as age and lower socio-economic status

Type of contraception	No. of participants	Percentage
Petogen	4	40%
No contraception	6	60%

**Table 4.2.19: Type of Contraception**

Those who have used contraceptives before, used injection and they specified that they were all using Petogen. Petogen is new contraceptive injection (very similar to depo-provera) given to women every three months. Sister Hasiana (2010) from Dorp Street clinic indicated that this injection is not recommended for young girls because it delays pregnancy in a later stage and has side effects such as skin reactions and weight gains. However, Sister Hasiana indicated that they do give Petogen to teen mothers as they have given birth already.

On contraception now	No. of participants	Percentage
Yes	9	90%
No	1	10%

**Table 4.2.20: Contraception Use Post Pregnancy**

Ninety percent (90%) of participants are on contraception currently, this supports the notion by MacPhail *et al* (2007) who indicate that it is only after a first pregnancy that young women are educated about and subsequently offered contraceptive services, with preference being given to hormonal methods. One participant indicated that she does not use any contraceptive. This is due because the participant is not sexual active. This participant indicated that she is not dating any one and she was not dating anyone even before she got pregnant, she was raped. This participant made it clear that she is not planning to date any time soon, she is still angry with what happened to her. Given the sensitivity of this case, the participant was referred to a professional counsellor to seek help and deal with the incident and the subsequent anger.

Type of contraception	No. of participants	Percentage
Injections (depo-provera, nuroxisterate, pethagon)	8	80%
Male condoms	1	10%
No contraception	1	1%

**Table 4.2.21: Type of Contraception**

Eighty percent (80%) of participants are using different types of injections for contraception and one participant (10%) is using male condom for contraception. These findings indicate that the majority of participants prefer injection method instead of condoms, which raises concern because the less use of condoms means high risks of HIV/AIDS. This is supported by MacPhail *et al* (2007) as they indicate that the use of condoms has been shown to be more cost effective to prevent unwanted pregnancies, STDs, HIV/AIDS and birth of HIV positive children. Thus condom use is negatively associated with trust, respect and fidelity within steady relationships, but is generally accepted within casual encounters (DoE, 2009).

Period on contraception	No. of participants	Percentage
Less than 6 month	3	30%
More than six month	2	20%
One year	0	0
More than a year	4	40%
No contraception	1	10%

**Table 4.2.22: Period on Contraception**

Table 4.2.22 shows that forty percent (40%) of participants indicated that they've been using contraception for more than a year whereas thirty percent (30%) stated that they've been on contraception for less than six month and twenty percent (20%) have been on contraception for more than six months. The adolescents delay to use contraceptives for different reasons, as MacPhail, Pettifor, Pascoe and Rees (2007) signify that young women are considering the use of contraceptives only once they are involved in long-term, regular relationships.

### 4.2.3 CONCLUSION

The demographic characteristics revealed that the participants were different individuals in terms of their personal characteristics and family background. Most of the participants grew up in a nuclear family. Others indicated that they have grown up in a single parent family. Furthermore, their parent's educational level is low as their income level. The participants also indicated that they were not using contraception before the pregnancy but most of them are using contraception currently. This provides the context for teenage pregnancies and the role of ignorance and the lack of information about contraceptives.

### 4.3 DISCUSSION OF RESULTS

The result are summarised under different themes that have emerged from data. Key themes relate to the following aims:

**Research Aim 1:** To investigate what the needs are of pregnant and parenting learners.

The themes that were formulated under this aim were:

- Need for provision of comprehensive information.
- Need for financial aid to assist parenting learners and their babies
- Parenting learner's need for time management

**Research Aim 2:** To determine whether there is support provided by the school for pregnant and parenting learners.

The following theme emerged to address this aim:

- Inadequate school support

**Research Aim 3:** To investigate whether this support meets the needs of the pregnant and parenting learners.

Three themes were formulated under this research aim. These included:

- A lack of funding and finance to meet the basic needs
- A need for emotional support from school, family and from father of the baby

- Learners require professional support in the form of medical support, social workers and counselling referrals.

**Research Aim 4:** To make recommendations to the school managers and school governing body with regard to school policy on managing learner pregnancy. The respondents suggested the following:

- Pregnant and parenting learners to prioritise their studies
- Pregnant and parenting learners to form support groups

#### **4.4 RESEARCH AIM 1: TO INVESTIGATE WHAT THE NEEDS ARE OF PREGNANT AND PARENTING LEARNERS.**

The rate of school dropout remains high amongst pregnant and parenting learners. Literature consulted coincides that schools are not "pregnant/parenting learner friendly", meaning that a great deal of work needs to be done towards creating a more conducive learning environment for pregnant/parenting learners. In addition Phoofolo (2005) suggests that concerted efforts are required to address the needs of pregnant and parenting learners and solutions need to be realistic and focus on how society can address the needs of parenting learners.

The following themes emerged to address this aim. The respondents divulged their pregnancy needs and their parenting needs thus some of the themes replicated from pregnancy phase and parenting phase. Hence the following themes are based on pregnancy needs and on parenting needs.

##### **4.4.1 THEME ONE: NEED FOR COMPREHENSIVE INFORMATION**

Comprehensive information seemed to have been a significant need expressed by the respondents. The parenting learners indicated that they needed comprehensive information on various issues that were involved during their pregnancy. The subthemes that emerged under this theme were: contraception information and sexual education,

basic information about pregnancy including prenatal care, nutrition education and referrals.

#### **4.4.1.1. Contraception Information**

It was evident that contraception information was lacking as the fifty percent (50%) of participants indicated that they did not know about contraception and also seventy percent (70%) did not have an open and trusting relationship with their parents or caregivers and could therefore not speak freely about contraception. This notion supports the finding by Kansumba (2002) that adolescents undermine education from parents and think that it does not equip them to deal with the sexual. Hence Jewkes and Christofides (2008) stipulate that access to information is crucial for teenagers who want to prevent pregnancy.

Forty percent (40%) of the participants used the injection before and stopped but continued to have unsafe sex thinking that the injection is still effective in the body. Others used injections intermittently and practiced unsafe sex in the period that they were not on the contraceptive and then continued to use the injection without knowing that they are pregnant already. One participant reported that they used condoms regularly but had unprotected sex on one occasion and fell pregnant. Sixty percent (60%) of them never used any contraception before hence it was their first sexual experience that led to the pregnancy. The following quotations support this:

**Respondent 1:** *Azange ndisebenzise icondom and then i suspected ukuthi i was pregnant. Ndavela ndayiqonda nje because it was a first time we slept ngaphandle kwecondom.*

(I didn't use a condom and then I suspected that I was pregnant, I just knew because it was a first time we slept without a condom).

**Respondent 6:** *What happened ndandicwangcisa ndingayazi ukuthi sendimithi already and zange ndibe ndizisokolisa ngalanto because ndandizazi ukuba ndiyacwangcisa.*

(What happened is that I was using the injection not knowing that I was pregnant already so I didn't have any periods for the first three months and I didn't bother about that because I knew that I was using the injection).

**Respondent 7:** *Ndazazi ukuthi ndimithi when i was five months. The thing is that ndandisebenzisa inaliti for ukucwangcisa and then ndayeka. Ndalala nje emva koko but ndandingenaworry because ndandixelelwe ukuba inaliti ithatha ixesha emsembeni even if uyekile ukuyisebenzisa.*

(I only knew that I was pregnant when I was 5 months. The thing is that I was using the injection for prevention and then I stopped. I had unsafe sex after that but I was not worried about pregnancy because I was told that the injection takes some months in the body even if you stopped to use it).

**Respondent 8:** *For mna ndandiqala ukuheva isex*  
(For me it was the first time to have sex).

The teachers was also asked to comment on contraception information, one of them stated the following:

**Teacher1:** *We are providing condoms here at school, everything but it doesn't seem to make a difference.*

Adolescents do not have appropriate information about contraception and they disregard the importance of knowledge instead of seeking relevant information and using contraception which greatly contributes to their pregnancies. Adolescents have the false sense of security and believe that it will never happen to them. Amu and Koby (2006) support this as they assert that teenagers are poor contraceptive users and they are likely to adopt a negative attitude after many contraceptive crises, and subsequently abandon the attempts to use contraception regularly. Van Wyk (2007) expands this notion as she states that failure to use effective contraceptives is attributed to various factors. These include age, lower socio-economic status, situational variables which entails being in an unstable relationship, no access to confidential family planning services, lack of communication with parents and psychological variables such as desiring pregnancy, ignorance of pregnancy risks and low self esteem. Poor contraceptive use is however not the only concern as the respondents did not have sufficient knowledge about sexuality and reproduction hence they engaged in unprotected sexual engagements

#### 4.4.1.2 Sexual Education

Adolescence is a period of increased curiosity about sexual activities and these adolescents need to be equipped with sexual education to avoid unplanned pregnancy. Thirty percent (30%) of the respondents indicated that it was their first time to engage in sexual activity and they were not informed about sexual issues and neither were they using any contraceptive methods. Neither did they have an open conversation with their mother about sex education and contraception. These findings are similar to the research conducted by Phoofolo (2005) as she asserted that during the first sexual contact adolescents often lack knowledge about sexuality and reproduction. In addition, the first sexual experience is often experimentation and those involved usually do not prepare for it by obtaining contraceptives, even if they know where to get them.

Life Orientation subject was identified by fifty percent (50%) of respondents as a means of accessing sex education in the school. While these participants identified that the subject was part of their curriculum, they did not take the class seriously because most of the topics that were discussed in the class did not relate to their context and lived experience. They also mentioned that during their pregnancy they needed information on pregnancy circles of which was not provided. The participants also added that as much as they needed information about pregnancy they wouldn't ask anyone because the teachers didn't know that they were pregnant so they wouldn't come out. The following excerpts support this:

**Respondent 10:** *Ndandifuna ukwazi yonke into ngesex, ukuba umitha njani, iziteps zokumitha, i mean everything. Izinto esizixelelwa kula klas are not related to us. We need to know the real things. But ke kwakungekho mntu wokundifundisa ngezizinto.*

(I wanted to know everything about sex, how do you get pregnant, the phases of pregnancy, I mean everything. The things that are being told in that class are not related to us. We need to know the real things. But there was no one to teach me about those things).

**Respondent 8:** *I think ndandifuna ukwazi yonke into ngepregnancy. Yes they were teaching us about sex but since ndandimithi ndandifuna ukwazi yonke into ngepregnancy, ndandifuna ukuqonda ukuba kuzakukwenzeka ntoni.*

(I think I needed to know everything about pregnancy. Yes they were teaching us about sex but since I was pregnant I wanted to know about pregnancy, I wanted to know what is going to happen).

**Respondent 7:** *Ndandifuna ukukwazi ngokumitha, into ezinjengokuhlukuhla umntwana. Abantu babendixelela ukuba kufuneka ndihambe ndiyokuhlukuhla but ndandingayazi ukuba ndiyephi and kwenziwa ntoni xa uhlukehla umntwana. Ndandicinga umntu uzakubamba isisu sam ahlukuhle umntwana. Then ke ngoku ndaya kwagqirha, xa ndifika pha akayenza lento bendiyilindele.*

(I wanted to know about pregnancy, things like shaking or moving the baby. People were telling me that I should go and shake the baby but I didn't know where to go and what you do when you shake the baby, I thought that someone will hold my tummy and shake it. Then I went to the doctor, when I got there he didn't do what I was expecting).

Few of the participants, thirty percent (30%) indicated that there is a Life Orientation class and there is enough information provided but it depends on the individual to take and practise the information.

The following excerpts support this:

**Respondent 6:** *Oh yayikhona iLife Orientation nepeer education, ewe yayi enough.*

(Oh, there were Life Orientation and peer educators, yes it was enough).

**Respondent 2:** *There is a lot of information apha esikolweni qha abafundi abayisebenzisi. Akukho nto ishotayo qha bazixelele ukuba abazukuyisebenzisa.*

(There is a lot of information here in the school but it's just that students are not using it. There is nothing lacking it's just that they told themselves that they are not going to use it).

**Respondent 5:** *Sinayo iclass ye Life Orientation qha asiyi athendi iklas, Andimazi uMiss nokuba ubhizi or what, soloko ebhizi. Kwitimetable yethu ikhona from uday one to uday nine. But evekini siathenda kabini. Even if siyi athendile iklas asenzi nto ibalulekileyo.*

(We do have a class for Life Orientation but we don't attend the class, I don't know if Miss is busy or what, she is always busy. In our time table it is there from day one to day nine, but in a week we only attend two times. Even if we do attend the class we are not doing anything important).



The teachers were also asked to comment on the Life Orientation provision. One of the teachers indicated that students are negligent when it comes to Life Orientation; she supported this notion by pointing out the following remarks regarding sex education:

**Teacher1:** *It's got to do with negligence, it's just negligence because we are talking about these things, we've got several programmes which are coming to the school around HIV/AIDS issues and one would assume that its indicating safe sex but still you are getting learners getting pregnant. It's confusing; honestly speaking it's really confusing. There is still a problem because they do not take Life Orientation serious as a subject. They think whatever is being said there is just fun they do not take it as a reality until they get into trouble.*

The significance of Life Orientation is widely disputed. As the findings indicated that even though there is Life Orientation in the school, its significance is being disregarded by learners and this could be because this course does not provide information that relates to pregnant learners' needs. These findings are supported by Mohase (2006) who asserted that schools supply only the barest of fundamental information. Emihovich and Fromme (1998) also concurred that school based sex education programs are unable to address human sexuality in any way other than to provide basic medical facts and stress abstinence. However, Jali (2005) suggested that teachers should be in a best position to provide sex education to adolescents, since they spend most of the time with them. She further adds that teacher should teach these adolescents about biological reproduction since adolescents need to know how to control their sexual desires.

This notion is corroborated by Chigona & Chetty (2007) who indicated that there is a need for parents and teachers to equip teenagers with life skills which would enable them to handle their problems and challenges. There is therefore strong evidence that suggests that parents and teachers have an important role to play and need to engage in open discussions about the problems teens face, including teenage motherhood.

This is substantiated by Emihovich and Fromme (1998) who also add that educators need to recognise that social problems such as teen parenting need to be viewed within a socio-historical framework that includes the public's concern about teen pregnancy with regard to welfare reform, the consequences of too early childbearing, and discussions of adolescent sexuality in the curriculum.

#### 4.4.1.3 Peer Pressure and Competition

Peer pressure is also one of the main factors that lead to early sexual intercourse and to teenage pregnancy. Mohase (2006) elucidates that they often get pregnant not to please themselves, but only to be accepted within a group of pregnant or parenting friends. Sometimes they advise each other that in order to keep a loved boyfriend the solution is to have sex with him and bear a child for him, often misguided and completely inaccurate.

The teachers also concur with the issue of peer pressure and competition as they stated the following:

**Teacher1:** *There is also a problem of competition, it's also base on ignorance because they compete, they see other kid having a baby they'll also want a baby, they compete over boyfriends you see?*

**Teacher 2:** *If I see this one is pregnant this year, then the following year would be another during the course of the month you will hear that so and so is pregnant so I think there is a discussion among them. Maybe they are in a competition I don't know*

To add to the issue of pressure, one of the participants also stated the following quote:

**Respondent 1:** *Apha esikolweni ndabhaqwa ngabanye abafundi before iholide kaJune, yayindim and my other friend and then kengoku kwakho iintetho. I think we were about three ifriend ezazimithi. Wonke umntu wayisithi siyipanile sonke.*

(Here at school I got caught by other students before June holidays, it was me and my other friend and then there were talks. I think we were about three friends that got pregnant. Everyone said we planned this together)

Peer pressure is a challenge that any adolescent has to deal with and there are many factors that stimulate it. This is particularly so within a South African context where there are cultural patterns where the adolescent female's value is increased by her ability to bear children and where women have been regarded as inferior to men. Similarly, Europa (2005) also concurred that some adolescents grew up in cultural environments where reproductive ability is seen as a sign of strength. Young women are sometimes encouraged to 'prove' their fertility. (DoE, 2009) expand this notion by stating that African communities have a male-preference attitude. Males are expected to perform in

the world of knowledge and technology while a woman should stay at home, and maintain the livelihood of the family.

Based on these observations, it was evident that inadequate information from the school, peer pressure and some African cultural patterns that contribute to adolescent fertility are the main driving forces that lead to teenage pregnancy and consequently drop out from school.

#### **4.4.1.4 General Pregnancy Information was required even though they expressed a Need for Secrecy**

Pregnancy consists of various stages of foetal development and there are many physical changes that take place and these adolescents need to be taught about these changes. In this case, most of the participants indicated that their abdomens were not visible, so people would not notice that they were pregnant. The parents and teachers didn't notice that they were pregnant until late, about five to seven months. Due to the learner's ability to hide their pregnancy in the first two trimesters, this could be the reason why learners do not make use of the health facilities as they would have to declare that they are pregnant. Furthermore, the participants also indicated that even though they were scared to open up, still they needed information about pregnancy. The following is an indication of this notion:

**Respondent 2:** *Akukho mntu wandinothisayo, isisu sam sasingasikhulwanga saqala ukukhula when i was eight month. Hayi azange ndiyokubhukusha. Umthetho wam andingomntu ubanesisu, amahlaba or intlungu even ngoku ndiyokubeleka azange ndilunywe kangako. Ndandicinga ukuba ndinesiluma. Ndavela ndaphakama ndaxelela umama ukuba ndinida ipads, wandixelela ukuba ndiyalunywa wabe selendisa kwagqirha.*

(No one noticed me, my tummy was not big, and it started to grow when I was eight months. No I didn't go for bookings. Usually I don't get any stomach bugs, cramps or pain, even when I got to labour I didn't experience much pain. I thought I was having period. I just got up and told my mother that I need some pads and then she told me that I'm in labour then she took me to the doctor).

**Respondent 9:** *Ndandingazi niks, ndandingazazi nokuba ndipreg ndade ndane five months. If kukho into endandifuna ukuyiqonda ndandibuza kusister wam or ndifumane enye i-information konurse. I wouldn't say specifically ukba*

*ndandifuna ntoni. I think ndandifuna ukkwazi yonke into ngokumitha but kwakunzima ukubuza nakubani na because ukumitha kwam kwakuyimfihlo, bathathu qha abantu ababesazi ngokumitha kwam so kwakungelulanga ukuba ndihambe ndibuze nabani na ngezinto zesondo anyway akho mntu ufuna ukuthetha ngazo.*

(I didn't know anything, didn't even know that I was pregnant until I was 5 months. If I needed to know something I asked my sister or get some information from the nurses. I wouldn't say specifically what my needs were. I think I needed to know everything about pregnancy but it was difficult to ask any one because my pregnancy was a secret only three people knew about my pregnancy so it was not easy for me to just go and ask anyone about sexual issues any way no one wants to speak about them).

Hiding pregnancy is the setback that affects both teachers and students, though these learners hide the pregnancy to protect themselves from expulsion. On the other hand it excludes the school from interfering and supports these learners. One teacher indicated the following:

**Teacher1:** *There was a girl I only noticed later that she was pregnant and the next thing she was flat again as if nothing happened. I asked what happened, she said she had already delivered, and this girl was sitting right in front of me in the front desk. I couldn't notice, she is also in your group, I think her baby is still very young I think few months. I didn't notice her until very late and the next thing she already delivered. I never even spoke to the parent; she never even took a day off.*

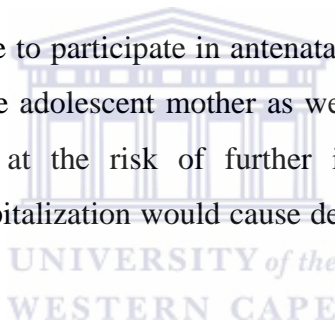
The adolescents indicated that they required knowledge however they did not feel at liberty to seek professional assistance because they would be judged. Billings (2005) highlights the importance of sharing and indicates that teenagers should be able to trust the person they are talking to, and know what they are doing or telling that person is confidential. To protect the confidentiality of learners, the Department of Health (2007) suggests that schools should strive to ensure the existence of a climate of understanding and respect with regard to unplanned pregnancies, and should put in place appropriate mechanisms to deal with complaints of unfair discrimination. The fear of disclosure puts the baby at risk because these adolescents don't make use of the health facilities during the first 2 trimesters where the foetus is developing.

Therefore, failure to attend prenatal visits could put the life of unborn baby at greater risk as Jali (2005) states that the adolescent may decide not to participate in an antenatal programme. The decision not to receive antenatal care may affect the health of both the

mother and the unborn child. Emihovich and Fromme (1998) add that the younger the mother the greater the likelihood that she and her baby will experience health complications, primarily due to inadequate prenatal care, poor nutrition, and other lifestyle factors. It is therefore important that the learner is informed about the significance of seeking medical attention during and after the pregnancy.

Grazioli (1994: cited in Cupido, 1998) also reported that there appeared to be no adverse effects associated with young maternal age if high prenatal and later health care are available. Jali (2005:15) further argue that late and inadequate pre-natal supervision are unquestionably constructing factors. In addition, Burman & Preston-Whyte (1992, in Jali, 2005) also states that due to lack of prenatal care, infections and pregnancy related problems go untreated.

Lack of information and failure to participate in antenatal programmes has a great impact not only on the baby but to the adolescent mother as well, as Jali (2005) states that the adolescent mother might be at the risk of further infection and often prolonged hospitalization. Prolonged hospitalization would cause delays with the parenting learner's studies.



#### **4.4.2. THEME TWO: NEED FOR FINANCIAL ASSISTANCE**

The need for finance is expressed in various ways and it is a reality for the learners as they realised that they require basic needs such as foods and clothing which have financial implication. The participants indicated that while they were pregnant they experienced cravings and they needed money to buy specific food to satisfy their hunger and their cravings.

The following excerpts support this:

**Respondent 9:** *Sometimes I had cravings, ndibawela into ezimnandi qha ndingenamali yazo. Sometimes ndingabinayo nemali le yelunch ndilambe.*

(Sometimes I had cravings, wanted to eat nice food but I didn't have money for that, sometimes I wouldn't even have money for lunch and I starved).

**Respondent 8:** *Abanye aba afodi ukuthenga ukunya okumnandi because abazali abaphangeli and nawe ube ungaphangeli, ngamanye amaxesha lomntu ukumithisileyo seyekudampile already. Atleast isikolo should support you ngokunika ukutya.*

(Some cannot afford to buy good food because some parents are not working and you are not working as well maybe sometimes the person who impregnated you has dumped you already. At least the school should support by giving out some food).

During pregnancy the foetus increases the nutrients demand and compel a woman to crave and eat more than usual. These findings indicate that nutrition is essential especially for pregnant teenager as Jali (2005:8) indicates that the increased nutrient demands of the foetus may also adversely affect the adolescent's growth potential. If starved, furthermore complications such as high blood pressure, toxemia, anaemia, cardiac and other physiological conditions may develop and endanger the life of the adolescent (Jali, 2005). Phoofolo (2005:75) adds that pregnant adolescents require special understanding, medical care and education- particularly about nutrition, infections and complications of pregnancy

The participants also indicated that as parenting learners, they need money to fulfil their own needs and their babies' material needs such as clothes; they also stated that since they are dependent on their parents, they can no longer get what they used to get from their parents because the same amount now needs to cover the needs of two individuals.

**Respondent 1:** *I just wish if bendinemali yokumthengela impahla ndimnxibise nje ngabanye abantwana. Ndimnxibise amabitso, uyaqonda. Kuba ngoku even if ukitile uzakufumana ukuthi ibitso endili afodayo ziteki. I wish if ebenonxiba nje ibitso.*

(I just wish if I had enough money to buy him clothes and to dress him like other kids. Wearing the brands, you know? So now even if he dresses up you'll find out the only brand that I can afford is for takkies I just wish if he can dress up in brand).

**Respondent 6:** *I would say in terms of impahla, andisakwazi kunxiba into endifuna ukuyinxiba. I just wish qha andi afodi because kukho lo.*

(I would say in terms of clothes, I cannot wear what I want to wear. I just wish but I cannot afford because there is this one.)

While pregnant and parenting learners need financial security to meet their needs, these findings show that these teenagers are still immature and they are unrealistic and under peer pressure if they want to dress their children in branded clothing while they are still dependent on their parents for financial support. Mohase (2006) states that there is so much influence from outside, teenagers are weak and they are easily influenced. Based on these findings, clearly they need counselling on financial management and they need to learn to live within budget.

Financial difficulty experienced by parenting learners is a great concern. It places a huge strain on the immediate family and within the context of this sample the average household income was only R3500 per month therefore the impact is experienced when there is another person that needs to be supported by this income. These findings are supported by Logsdon, *et al*, (2002) as they assert that most pregnant and parenting adolescents are unmarried and unemployed, and must rely on their mothers for basic necessities (material support), such as food and housing, for both themselves and their infants. Thus as stated in , Table 4.2.6 the minimum wage for low skill labours is R501-R1000 per month, showing that their household income is not enough to maintain an extended family.

In addition, most teens are not able to obtain meaningful employment to support them or to complement their family's income; this is due to their lack of experience and education. Therefore, the financial assistance from the parents is greatly needed. Parents can financially assist their teens until they are capable of supporting themselves and their child, locating other positive financial resources, and demonstrating financial responsibility (Rowen, Shaw-Perry and Rager, 2005). Alternatively, the school and social workers can assist these learners to apply for Child Support Grant, as the state provides (CSG) to lessen the level of poverty on children, including those born to teenage mothers (DoE, 2009). Leatt (2006) states that Section 27 (1) (a) – (c) of the Constitution states that “everyone has the right to have access to social security, if they are unable to support themselves and their dependants.

#### 4.4.3 THEME THREE: PARENTING LEARNERS NEED FOR TIME MANAGEMENT

Pregnancy could affect energy levels and mobility and once the baby is born, there is a definite need for a reorganisation of time management. The pregnant and parenting learners indicated that there is a need for more time to study and catch up with other learners. Therefore, the participants indicated that they need enough time to focus on their studies. They also indicated that they also need enough time to take care of their babies. The demands of a new baby and of school work impact on the time available for social engagement and other activities. Some participants indicated that they needed time and flexibility to go out and socialise with friends. The following excerpts support this:

**Respondent 4:** *Sometimes kufuneka ndiye e library after school but kufuneka ndiye e creche ndiphela ndimisisha iafternoon class ne library and ngamanye amaxesha ndisabhmitha late iasaynment zam kunabanye, zitshalenjis endizifeysayo.*

(Sometimes I have to go to the library after school but I have to go to the crèche as a result I miss afternoon classes and library and sometimes I submit my assignments later than others, these are the challenges that I'm facing).

**Respondent 5:** *Ukuba yiparent akukho nice because there is no party time. Andinaxesha lokufunda. Into endiyifeysileyo ngoku kukuthi make sure that ndihoya umntwana and ndihoya neencwadi zam. Ya, I don't have enough chance yokufowkhasa ezincwadini but I'm trying by all means ukufunda so that ndizokupasa. At the same time kufuneka ndaneze imfuneko zomntwana because kufuneka ndihlambe impahla yakhe nento yonke.*

(Being a parent it's not nice because there is no party time. I don't have time for studying. What I'm facing now is to make sure that I take care of the baby and I take care of my studies, yes I don't have enough chance to focus on my studies but I'm trying by all means to study so that I can pass. At the same time I must satisfy my baby's needs because I must wash his clothes and everything).

**Respondent 6:** *I wish besinokunikwa ixesha elaneleyo for itests, into abayenzayo basixelesa namhlanje ukuba sibhala itest ngomso. We just need time for studying if bebenokuthi next week atleast bekuzoba fair for thina banabantwana. Because uthi xa ufuna ukufunda umntwana uyakhala abe efuna I attention yakho or agule.*

(I wish that we can be given enough time for tests, what they do now they would only tell us today that we are writing a test tomorrow. We just need enough time for studying if they can say next week at least it would be fair for us parenting learners. Because when you want to study the baby would cry and demand your attention or get sick).



The teacher added the following comment:

**Teacher2:** *In our case they fall pregnant and we allow them to go and sit at home which means that they've got a maternity leave and they come back again because of these rights they are having, which says that if a learner is pregnant she can come back to school and she must get all the necessary work that was happening while she was absent.*

Having a child is a life changing event and it impacts on the ability to attend school and impacts on the adolescent's freedom of social movement. This means that while the parenting learner has to adapt to her own developmental changes, she must now also learn to cope with the new tasks related with parenting and the needs of her baby at the same time as studying. This is in accordance with the research conducted by Van Wyk (2007) as she stated that the young teenage mothers are in most cases responsible for supporting and raising their children on their own. Raising a child at such a tender age places a heavy burden on the parenting learners. Having a child forced them to mature quicker and it's difficult. Restrictions on personal freedom, missing opportunities for fun and good times with their peers, and the responsibility for the infant, are some of the costs that came with having a baby during adolescence.

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#### **4.5. RESEARCH AIM TWO**

To determine whether there is support provided by the school for pregnant and parenting learners. The following theme emerged to address this aim:

##### **4.5.1 THEME FOUR: SUPPORT STRUCTURES**

The participants indicated that the school doesn't provide enough support; they indicated that they need adequate support from the school which includes: emotional support (love and sympathy), learning and educational support, support for optimal health, nutrition education and professional referrals, support for confidentiality, absenteeism. The following is the discussion of above mentioned sub-themes:

#### **4.5.1.1 Emotional Support**

Pregnant adolescents frequently experience a variety of emotions; therefore they need a supportive network preferably from family and people close to them. The participants indicated that the teachers and parents should not disregard them or make bad comments about them because of their pregnancy. They expressed a need for love and support from parents and teachers throughout the difficult times that they experienced. Emotional support was categorised into the following subthemes support from the school, family support and boyfriend's support. These findings will now be presented in more detail.

##### **4.5.1.1.1 Emotional Support from the School**

The participants experienced different reactions from the school. Forty percent (40%) of the participants indicated that they felt deserted by teachers and by their school mates. The learners also expressed that they were ashamed of their condition and that they were expelled from the schools and that the teachers and other learners were gossiping and talking in their absence. Twenty percent (20%) of the participants were suspended from school and could not write their final examination. The suspension of pregnant learners is a human right violation, in a rights-based society, young girls who fall pregnant should not be denied access to education and this is entrenched in law in SA through the Constitution and Schools Act of 1996. The DoE stipulated guidelines to advocate for the right of pregnant girls to remain in school.

While ten percent (10%) of the participants returned to school, they dropped out due to circumstances at home. Twenty percent (20%) of the participants wrote the examinations but failed. One of the respondents decided not to attend school anymore and look after the baby. Fifty percent (50%) said everything was normal they attended classes as usual and they gave birth during vacations and this was due to the invisibility of their pregnancies. These findings show that if the pregnancy became known by the school, the pregnant learners have to endure mistreatment and pressure from the teachers and school mates. This mistreatment is one of the aspects that influence whether or not a pregnant learner to continue schooling. Therefore, this finding alludes to the fact that if the

pregnancy is managed properly then its impact on school career would not be as severe that it would lead to school dropout.

The following excerpts support this discussion:

**Respondent 1:** *For abafundi bakhona abanye abaye benze intlekisa ngawe but abazi or batsho direct kuwe. They would just say generally “ukhona lo mntu usilalisayo apha eklasini”*

(For students there are some who would make a fun of you but they wouldn't come or say it direct to you. They would just say generally “there is someone in the class who is making us sleeping”).

**Respondent 7:** *Utitshala uye enze icomment enze nejokes ngabafundi abamithiyo abanye ke baye bazithathe serious ezo comment.*

(The teacher would make comments and make jokes about pregnant learners and others would take those comments seriously. Others won't feel comfortable and won't participate in the class because they would assume that the teacher was referring to them and feel left out. What I would say is that they should give support to pregnant learners even though they do not approve of it but if it happened it happened. They should show them that there is life after pregnancy. Because a person gets tired of those comments and others pointing at her for that the person will end up giving up and drop out of school).

While pregnant and parenting learners experience many problems such as finance, family and boyfriend conflicts, etc, the teachers on the other side are also putting pressure on them by judging them and make the atmosphere in the school unbearable for these learners to finish their studies. Being teased and humiliated create loneliness and make these learners to feel alienated from school and eventually dropping out. Chigona and Chetty (2008) concur that teachers and fellow learners put a good deal of pressure on pregnant and parenting learners without really understanding what the girls were going through. In addition, they suggest that teachers need professionals to come and inform them about handling teens and their situations, and they need in-service training to keep track of changes that the society is facing (Chigona and Chetty, 2008).

As much as the teachers are not trained to deal with pregnancy the findings show that they are more concerned about the safety of these students. The following quotes support this statement:

**Respondent 4:** *UMiss wathi ndiyabonakala and kukho izinto ezenzekayo apha eyadini yesikolo, sometimes izikoli zingena apha ezikrobeni and zidubule which might be a risk for umfundi okhulelweyo, kungenzeka into emntwaneni. For eso sizathu wathi ndingahlala endlini.*

(The teacher said I am noticeable and there are things that are happening in the school yard, sometimes the gangsters come in the school through holes and they shoot which might be a risk for a pregnant learner, something might happen to the baby. For that reason she said I can stay at home).

The teachers were also asked if the school has any programme to support pregnant and parenting learner. The responses from the teachers corroborated with the learners' responses as the teachers indicated that there is no support for these learners: The following was the response from one of the teachers:

**Teacher2:** *No the school doesn't have... I don't think there is because if we see that the learner is pregnant, there is a pregnancy committee. We send that learner to a committee and the committee will call the parent and the parent will be addressing in terms of how many months the learner have, if its 5 or 6 months then the learner can stay at home and then after delivery she can come back otherwise here at school there are no programmes running, its only when we see that a learner is pregnant and that learner can go.*

The other teacher indicated that the school does not have capacity to support pregnant learners hence they only assist them by assessing their performance. The following excerpt supports this discussion:

**Teacher1:** *Um, you know as a school we've got a lot of responsibilities and demands from our side so we took a resolution on our own that if a learner is pregnant we cannot take a responsibility upon ourselves because it's too much for us as teachers. I think the learners must rather... that was our internal thing until the department said no to it. But if the learner is pregnant and she is in advanced stage, the learner must rather stay at home until such time that the learner has delivered then the learner comes back because it creates problem for us because the learner must now get extra attention. And as a school we are not equipped enough and don't have enough time because of our large numbers to give these learners special attention because they need special attention unlike other learners.*

It was found that teachers felt that they are not always equipped to deal with the pressures of having a parenting learner. Moreover, it is also evident that the needs of the parenting learner are different and they require another level of teacher, learner contact however it appears as

though the space for alternative levels of teacher learner contact does not exist. Teachers also need support because they don't have enough time and need the development of capacity. Jali (2005) corroborates this and indicate that it is very difficult for educators to deal with pregnant adolescents. Educators are avoiding the cases where the pregnant learner might go into labour while in the school premises. The fact that learners can go into labour anytime, and puts pressure on teachers as they feel they are not equipped to deliver babies.

#### **4.5.1.1.2 Emotional Support from the Family**

The family is the system that is found to be the most affected by teenage pregnancy. The impact on the family is significant and while it may be difficult to come to terms with the unexpected pregnancy, this is the support system most required by the teenager during a difficult time. Although, Jewkes and Christofides (2008) state that at the family level, teenage pregnancy is often (but not always) unwelcome as it places an economic and social burden on families, although the overall impact has been keenly debated.

The respondents indicated that they experienced coldness, rejection and anger when they informed their parents about their pregnancy. Most of the participants couldn't tell their parents about their pregnancy due to the fear of the parent's reaction to the news. The following excerpts support this discussion:

**Respondent 1:** *Wandiqhwaba ngempama ndabaleka ndemka.*

(She slapped me and I ran away and she left).

**Respondent 2:** *Babethetha and bendingxolisa, umama yena zange athethe kakhulu.*

(They were talking and nagging, my mother didn't talk that much).

**Respondent 7:** *Ndaxelela iparents zam, umama yena was screaming because she didn't believe that a 15 years old imithi.*

(I told my parents, my mother was screaming because she didn't believe that a 15 years old girl is pregnant).

**Respondent 9:** *Waye shocked and then wafownela umama wamxelela ukuba ndimithi. Umama wandingxolisa efownini but later waye fine and wayamkela.*

(She was shocked and then she phoned my mother and told her that I was pregnant. My mother was screaming at me about this via the phone but later she was fine and accepted it).

These quotes highlight that parents were not happy, while pregnancy is an indication of fertility cultures are changing, and it's not feasible to have children in the current economic climate. Parents become upset when they realize that their daughter is pregnant and these adolescents experience coldness and negative responses from parents. Chigona and Chetty (2008) also add that other parents distance themselves from the pregnant adolescent because they feel embarrassed that the community would look down upon them because of their child's actions. This relates to the statement by Jali (2005) who states that the reaction of the families varies from understanding to exclusion of pregnant adolescent. Understanding parents may resolve the issue while the severely hurt parents may cause the pregnant adolescent to resort to abnormal behaviour in order to cope with her situation.

Some parents can't accept the pregnancy at all and they even force their daughter to leave home as she would invite embarrassment to the family. In some cases the parents fail to accept the situation as maybe they would be suffering financially even before the realization of the pregnancy (Mohase, 2006).

The respondents indicated that amongst the family members, the only person that they could confide in is the mother, and the mother can tell the rest of the family.

Support from the mother brings significant reduction from rejection by other family members and it also reduces loneliness and other difficulties faced by pregnant learners. This finding is supported by Logsdon *et al* (2002) who concurs that the best providers of social support to pregnant and parenting adolescents are their mothers, followed by the fathers of the babies. In the final analysis even though the mother is upset that the learner is pregnant, they find themselves in the position to support while the boyfriend of the baby provides emotional support.

In addition, it seems like community and church influence are playing a role to the lives of these adolescents. As one of the participants indicated that she was ashamed of herself because she was worried about the comments from the community and from the church. The following excerpt supports this:

**Respondent 10:** *Eyona challenge yam, ndandisoyika ndinentloni ngesiqu sam kuba ndandimncinci. Ndayeka ukuya ecaweni kuba ndandilhlazo and netshomi zam zonke zazindibaleka. I think iparents zabo zabaxelela ukuba bangazidibanisi nam kuba ndandingumzekelo ombi. Even noba ndiyahamba esitratweni abantu babendijonga abanye babengathethi nokuthetha babe ne funny faces and baqhweba. Kwakunzima.*

(My main challenge was that I was scared or ashamed of myself because I was very young. I stopped going to church because I was such a disgrace and my friends all ran away from me. I think their parents told them that they shouldn't mix with me because I was the bad example. Even if I'm walking in the street people would look at me and talk and some wouldn't even talk they would make some funny faces and clap. It was so difficult).

It is apparent that pregnant teenagers are overwhelmed by terrible remarks, not only by the school but from the society as whole. Jewkes and Christofides (2008:7) also argue that social reactions to teenage women who become pregnant show diversity, particularly in the African culture. Murray, *et al* (2000) disagree with the notion of teenage pregnancy approval, they state that all societies have "rules" about the sexuality of young people, and most discourage premarital sexual activity and childbearing outside of marriage. Because adolescent sexuality is felt to threaten the social order in many cultures, a strong element of fear surrounds young people and their sexuality.

Parenting learners decide to continue with their education to secure a better future for themselves and their children. Conversely these findings show that these learners are being teased and judged by the teachers, by their fellow classmates, families and by the society as whole. Thus it should be assumed that this misunderstanding is one of the factors that cause these learners to dropout from the school.

#### **4.5.1.1.3 Emotional Support from the Boyfriend**

The relationship with the partner is vital for these teenagers as it boost their self esteem. The respondents indicated that they were worried about their boyfriends while they were

pregnant, thinking that they won't get the support from their boyfriends. Contrary, most of the respondents indicated that they got all the support that they needed from their boyfriends, whereas three of the respondents indicated that they didn't get the support that they were expecting from their boyfriends. One of the respondents indicated that she was raped by the guy she had crush on. The following are the excerpts of those who didn't get support from their boyfriends:

**Respondent 5:** *Ndandine worry nge boyfriend yam, ndicinga ukuba uzakuthini or uzakwenzani emva kokuba evile ukuba ndimithi, uzakundikhanyela or uzakumamkela umntwana. Eyam iboyfriend azange ithethe nto, wathi uzakubona emntwaneni xa sendibelekile. But later watshintsha ingqondo wathi umntwana ngowakhe, ekugqibeleni wamvuma. So ngoku umhoyile umntwana. Irelationship yam neboyfriend yam itshintshile because unamanye amantombi ngoku. Ndiyayibona lonto xa ndihleli naye zininzi icalls ezingenayo but akukho nto ndinokuyenza.*

(I was also worried about my boyfriend, thinking what is he going to say or do after he heard that I'm pregnant, is he going to deny or accept the child. My boyfriend didn't say anything; he said he will look at the baby after I've delivered. But later he changed his mind he said the child was his, at the end he admitted. So now he is taking care of the baby. My relationship with my boyfriend has changed because now he's got other girlfriends. I can notice that when I'm with him there are many incoming calls but there is nothing I can do).

**Respondent 9:** *Waye ephambene, waye engayi understand ukuba kutheni ndimxelela ngenyanga yesix enye into waye engaphangeli and engekho prepared for irresponsibility.*

(He was so mad, he couldn't understand why I told him at the sixth month and the other thing is that he was not working and not prepared for the responsibility).

**Respondent 10:** *I had isex nenkwenkwe yasecaweni and emva koko wa acted as if nothing happened phakathi kwethu sobabini.*

(I had a sex with a boy from the church and after that he was acting as if nothing happened between us).

The respondent who was raped revealed the following:

**Respondent 4:** *Ndandingekho involve in any relationship. Zange ndajola naye. He was just proposing me, so kulo proposal yakhe..ndizakuyibeka kanjani kanene. Abantu bathi yi rape because wandinyanzelisa ukuba ndilale naye while wayesandifuna but ke ngoko ndandingayazi ukuba yi rape. Even nangoku zange ndijole naye, zange sa dater. The thing is that i never bothered ngesijolo since ndi*



*involve ku Lovelife. Ndamitha on the same day. Waqhaqha i virginity yam and wandimithisa, from then zange ndenze i follow up.*

(I was not involved in any relationship; I never got involve with him. He was just proposing me, so during his proposal...how can I put it. People say it's a rape because he forced me to have sex with him while he was still proposing but then by then I was not aware that it was a rape. Even now I never got involve with him, we never dated. The thing is that I never bothered about having a relationship since I'm involve in Lovelife. I got pregnant on the same day. He broke my virginity and impregnated me, from then I never followed up).

Coerced sexual intercourse is a common problem that frightens every female. This power inequity reduces women's ability to use any contraception and thus increases the vulnerability to pregnancy (Jewkes and Christofides, 2008). Rates vary between studies, but it appears to be experienced by between 10-20% of women. The high prevalence of child sexual abuse is also important as it commonly results in post traumatic stress disorder (PTSD). This participant became open and eager to share her experiences to reduce stress. The participant was made aware that the researcher was not acting as a counsellor or psychologist therefore the participant was referred to local school psychologist for counseling who liaised with the social worker. The researcher explained to the participant that counselling will allow her to share her experiences and develop coping strategies.

The following are the excerpts of those who got support from their boyfriends while they were pregnant:

**Respondent 1:** *Wathi "it's not a problem noba kwenzekani because ndiyakuthanda"*  
(He said "it's not a problem no matter what happens because I love you").

**Respondent 6:** *Ndayixelela iboyfriend and yathi kufuneka ndixelele umama, waye enemincili. Oh yes uyandisapota all the way. Ndandilumkisiwe ukuba once ndanomntwana uzakubaleka but zange, he is always right here next to me.*

(I told my boyfriend and he said I must tell my mother, he was so excited. Oh yes, he supports me all the way. I was warned that once I got the child he is going to run away, but he didn't, he is always right here next to me).

The discovery of the teenager's pregnancies leads to mixed feelings as both partners start to realise their financial realities. In most cases the father of the child he himself is an adolescent, and do not have the financial means to help to rear the child (Jali, 2005). Five of the respondents indicated that even though they got emotional support from their boyfriends while they were pregnant, things have changed now. The response indicated that when the relationship comes to an end it would appear that the father of the child sees the payment of maintenance as the right to prescribe to the mother with regard to her social life and her engagement with members of the opposite sex.

The following excerpt supports this:

**Respondent 1:** *The thing is that mna notata womntwan'am asisavani but ke umhoyile umntwana, so now akafuni ndijole namntu. So whatever whatever endiyenzayo ngoku ndiyenza undercover.*

(The thing is that I and the father of my child are not getting well but he looks after the child, so now he doesn't want me to date anyone. So whatever I do now I do it undercover).

**Respondent 7:** *Oh i obvious lonto once umntu umzalele irelationship iye iqhekeke. Andiyazi ukuba kutheni. Kum zange kubekho tshintsho ezincwadini zam instead ndandinomdla wokugqiba izifundo zam qha ichallenge yayiyi boyfriend yam. Ndandisiva ingathi undithatha i advantage " ndimithi ngenxa yakho and ndisemncinci" and nolothando lwanyamalala. Bathi xa umithi ubanomsindo kulomntu ukumithisileyo. Irelationship yethu zange iphumelele but at the point wayemhoyile umntwana wakhe wade wayeka.*

(Oh, that's obvious once you give child to a person the relationship just breaks apart. I don't know why. To me there were no changes to my studies instead I was so eager to finish my studies but the only challenge was my boyfriend. I felt like he took advantage of me "I'm pregnant because of you and I was still young" all that love had faded away. They say when you are pregnant you get angry towards the person who impregnated you. Our relationship didn't succeed but at the point he took care of his baby until he stopped).

**Respondent 8:** *Sohlukana emva kokuba ndifumene umntwana, umntwana wayesene one month qha. But ndim owamlahlayo because ndandibhorekile. But shame umhoyile umntwana, every week uthenga into for umntwana.*

(We broke up after I've got a child; the baby was only one month old. But it was me who broke up with him because I got bored. But shame he is supporting a child, every week he buys something for the baby).

Lack of support from male partners is prevalent among adolescents. Sixty percent (60%) of the participants indicated that they were abandoned by the fathers of their babies.

Hence a lack of warm and loving support from the partner leads to depression and loneliness. This finding is supported by Kansumba (2002) who indicated that the male partner often leaves a girl after she has become pregnant. The girl will be left in a situation, where she has to balance her own security, and meet her family's expectations, and her longing for an intimate relationship (Jali, 2005). Logsdon, Birkimer, Ratterman, Cahill, Cahill (2002) report that support from the father of the baby is mentioned frequently as being important to pregnant and parenting adolescents, and when present, increases their self-esteem. Phoofolo (2005) in her study found that the lack of adequate social supports from male partner has been found to have the effect of lower emotional well being. The teenage mother might have postnatal depression, and this can continue for one year or more after the birth of the child if adequate support was lacking before and or after the baby was born.

#### 4.5.1.2 LEARNING AND EDUCATIONAL SUPPORT

Parenting learners are facing many challenges and their performance in the class room might be affected therefore learning support provided by the school is necessary for the parenting learner to keep abreast with other learners. For the purpose of this study, educational and learning support is referred to as additional tutoring, provision of additional study notes, supporting educational material, extra lessons, extensions for tests, providing flexible time lines for assignments or projects etc. The WCED (2003) also states that suitable arrangements must be made to cover the curriculum. This implies that lesson notes and assignments must be made available to her and that she must take responsibility for completing and returning the assignments to the school for continuous assessment (CASS) to cover the missed lesson during pregnancy or parenting responsibilities. Contrary, the respondents indicated that the school does not provide learning support at all. The following quotes support this notion:

**Respondent 3:** *Ndamtshona ugrade 11, iredults zam zazingekho bad but i was not doing well. Sometimes xa siseklasini and wenze into erongo, umiss uye athi "oh oomama"*

(I failed grade 11, my results were not bad but I was not doing well. Sometimes when we are in the class and you do something wrong, the teacher would say "oh the mothers").

**Respondent 5:** *Hayi akukho nto, akukho support. Isikolo sizakuxelela ukuba kufuneka uhlale endlini if uyabonakala so that ungazaleli esikolweni, yinto abayenzayo leyo.*

(No there is nothing, there is no support. The school will only tell you that you must stay at home if you are visible so that you won't give birth in the school, that's what they do).

**Respondent 6:** *Banento yokuthi "usiphoxile ngokumitha so andinakumthemba njengesiqhelo. Sometimes xa ushiyekela bendinoku appreciater xa utitshala enokubuyela kuwe and acacise if awu understand mhlawumbi ubu absent utitshala kufuneka akucacisele ngento eqhubeke eklasini.*

(They've got a saying that "she disappointed me by getting pregnant so I won't trust her like I used to be. Sometimes when you getting behind I would appreciate if the teacher can get back to you and explain if you don't understand maybe you were absent the teacher should explain to you of what happened in the class).

According to these quotes, parenting learners felt that the teachers were not considering their situation neither displaying any empathy and they were expected to perform like the other learners in the classes. The learners reported that they were reprimanded in front of their classmates whenever they didn't meet the class requirements. This is reflected in the following quotation:

**Respondent 1:** *Baye bathi "khangе sikucele ukuba mitha" ha ha!!! Yinto abaye bayithethe leyo. Or baye bakubuze ukuba "umntwana akakulalisi? And kutheni ungenzi umsebenzi wakhu ngexesha umntwana aleleyo"*

(They would say "we didn't ask you to get pregnant" ha!!!. That's what they would say. Or they would ask you "doesn't a child get sleep? And why don't you do your work while the child is sleeping")

The teacher was also asked to comment on learning and educational support, she quoted the following:

**Teacher1:** *They are not performing at all and some of them didn't even write the trial because they were on maternity leave, some of them are still pregnant and we are starting to write final exams and you can see them when they come to the class and you can see that nothing is telling them that "we are here, we are grade 12, we want to learn" you can really see that they are not in the area or focus.*

The previous quotation indicates that the teachers question the learners' commitment to their studies. It is evident that the learners perceive this as a lack of support from teachers and they are not comfortable with the level of trust that they received from the

teachers. Dunkle (1990) states that teachers do not support pregnant and parenting learners instead they view them as second class students and show an attitude that guarantees that these learners will fail. Chigona and Chetty (2008) also add that these learners may not be able to achieve their academic goals if the support they need is unsatisfactory. Frequently, instead of getting support from school they endure misunderstandings and pressure. This behavior may disempower them and consequently, they may develop some forms of resistance which in most cases may foster their failure as learners. Chigona & Chetty, (2007) also indicate that teenage childbearing may be associated with a syndrome of failure – failure to remain in school, since teen motherhood is disruptive when it comes to school attendance. Even though these findings indicate that the needs of pregnant and parenting learners not sufficiently addressed by the school, it is apparent that educators are not trained to deal with learner pregnancy issue. Hence, SADTU (2009) released a press statement indicating that “We would urge the department to look into the availability of school nursing, provision of career guidance and counsellors in schools as teachers are not equipped to deal with pregnant learners”.

In some instances teachers do acknowledge the plight of parenting and pregnant learners however they also recognise that they are not equipped to deal with the learner pregnancy hence the request for additional support from government in order to increase their capacity to deal with this problem in the schools. It is therefore apparent that teachers are willing to deal with pregnant learners as they have urged government to assist them with training to deal with learner pregnancy. To show the willingness, SADTU and Treatment Action Campaign marched to the Eastern Cape Health Department in 2006 and reported that teachers are ill-equipped to deal with the needs of sexually active learners as well as those affected and living with HIV and that the Department of Education does not appear to recognize their critical responsibility, it has to prevent new infections as well as provide support for learners and teachers in need.

The key demands in a memorandum handed over to the Provincial Department of Health were for the provision of age-appropriate life-skills education, including sex-education, and condoms in schools as well as a greater recognition by the Department of Health and

the role it has to play in addressing the HIV epidemic. While the march specifically targeted the Eastern Cape Department of Health, the problems highlighted are experienced on a national level (TAC, 2006). Since then there hasn't been a response to this demand, so now the responsibility is lying within DoE and DoH to provide training as required. There is recognition that additional support is required from other governmental sectors to address this problem in schools as it impacts on different levels of the learners' socio-psychological, health and economic reality to ensure the holistic development and support of learners.

#### 4.5.1.3 HEALTH SUPPORT

Health support was another theme that emerged from the findings. The participants indicated that the school does not provide health support at all. The respondents indicated that they need information such as nutrition programme, referrals, pills or pads for emergency cases. See for instance the following excerpts:

**Respondent 4:** *Andifuni kuqhatha but there is no support at all. Ndayifumana yonke I information eklinik, izinto ezinjenge nutrition. Ndaxelelwa ukutya manditye ukutya oku healthy.*

(I don't want to lie to you, but there is no support at all. I got all the information from the clinic, things like nutrition. I was told to eat healthy food).

**Respondent 6:** *Asikho eso sapot, even if unentloko ucele ipilisi. Ootitshala bazakuxelela ukuba "hamba uyokusela amanzi" Akho mayeza masithi uyamensa ungancingelanga bazakuxelela ukuba azikho ipads. Zazikhona kudala kwiminyaka eyagqithayo not ngoku.*

(There is no such support, even if you've got a head ache and ask for tablets. The teachers will tell you that "go and drink water" There is no medication let's say you've got your periods unexpectedly they would tell you that there are no pads. They were there a few years ago; not now).

From the findings, it would appear that teachers are not providing health support to these learners, however the teachers are not trained to deal with pregnancy and health related issues. This coincides with the statement by Brindis and Philliber (1998) who argue that that school staff have limited experience to deal with wide range of health related services required to meet broader needs of pregnant and parenting learners. However this

notion is debatable as authors like Emihovich and Fromme (1998) argue that due to severity of problems that adolescents encounter in urban schools means that teachers cannot only focus on academic issues. Schools should be places of hope, where students see a viable future for themselves that moves them beyond current circumstances.

DoE (2009) supports this notion and identify that the health promotion within the school setting is a key on improving the health of learners. In addition, the full range of preventative services for pregnancy should be made available and accessible to learners.

#### **4.5.1.3.1 Nutrition Education and Professional Referrals**

Pregnancy is a developmental period that requires sufficient diet and professional consultations. Although there was a need for nutrition information and professional referrals for pregnant and parenting learners, the participants indicated that the school does not provide nutrition education and referrals; however while they were pregnant they needed information regarding healthy diet and referrals to professional services, such as dieticians, social workers and doctors (gynaecologists and paediatricians). See for instance the following remarks:

**Respondent 2:** *I ate everything, ndizokuba after kufike umama ukuba kufuneka nditye ukutya okusempilweni.*

(I ate everything, I only found out after the arrival of my mother that I must practice a healthy diet).

**Respondent 7:** *Atleast if bekunobakho isocial worker ezakumamela ingxaki zethu because sometimes uzakucinga ukuba umncinci uzakuthini umntu omdala xa ndiraiser le issue, into ezinjalo. I would say for aba bamithiyo kungangcono if kungakho oogqirha or isocial workers zithseke if baright and zitsheke if baprekthiza I healthy diet. If kungakho umntu ozakujonga and akuxelele if ungakwazi or awukwazi ukuza esikolweni.*

(At least if there can be a social worker to listen to our problems because sometimes you will think that I'm young what would the adults say if I raise this issue, things like grant. I would say for those who are pregnant it would be better if there can be doctors or social workers to check if they are alright and check if they are practising a healthy diet. If there can be someone who will monitor you and tell you if you can or cannot come to the school).

**Respondent 8:** *Ndingathi if bekunokubizwa oogqirha because abanye aba afodi ukuthenga ukutya okumnandi because abanye abazali abaphangeli and nawe awuphangeli ngamanye amaxesha lomntu ukumithisileyo ukudampile already. At least isikolo kufuneka sisapote ngukukhupha ukutya.*

(I would say if they can call the doctors because some cannot afford to buy good food because some parents are not working and you are not working as well maybe sometimes the person who impregnated you has dumped you already. At least the school should support by giving out some food).

The issue of professional support is critical to the parenting learner. It appears that there are very few approachable structures in place to aid learners. This is supported by Emihovich and Fromme (1998) who suggest that urban educators need to enter into partnerships with businesses, communities and social service agencies, medical, public health and social workers. ECDDoE (2007) also add that schools should inform the Department of Social Development about pregnant learners and where applicable, assist in registering these learners for child support grants. They may also refer to learner to relevant support services, such as social workers or NGOs operating in the community. In order for these interventions to succeed a holistic approach is required where the key partners need to develop collaborative programs both inside and outside the schools.

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#### **4.5.1.5 CONFIDENTIALITY**

Teenage pregnancy is associated with a stigma that often turns these adolescents away from the school. For that reason, the WCED (2003) stipulated that a learner pregnancy matter must be treated with great sensitivity and confidentiality to protect these learners from the stigma. Thus, the participants indicated that there is no confidentiality in the school, they tried to hide the pregnancy but at the end it came out and the students made indirect comments about them. The participants also indicated that if they tell one teacher about the pregnancy then rest of the school will know about it. So there is no confidentiality, unless if no one noticed them then it remains confidential.

The following remarks support this statement:

**Respondent 3:** *Akho confidentiality apha, because uzakuxelela ifriend yakho into and then ayigqithise komnye umntu.*



(There is no confidentiality here, because you will tell your friend something and then she will pass it to someone else).

**Respondent 4:** *Andinokuthi kukho iconfidentiality apha kuba ungazama ukuzifihla but ekugqibeleni sizakuvela.*

(I wouldn't say that there is confidentiality because you can try to hide it but at the end it's going to come out).

**Respondent 6:** *No akukho mfihlo apha, uzakuxelela utitshala omye uzakuxelela bonke. Even nabafundi bazakukwenza into enye, bazakuthetha emacaleni bathi "uyasilalisa eklasini"*

(No there is no confidentiality here, you will tell one teacher and she will tell the rest. Even the learners will do the same and they will talk indirect and they say no "she is making us sleeping in the class").

Having a baby while at school, places too much pressure and depression on pregnant and parenting learners. To avoid negative comments and a fear of being expelled from the school, these learners resort to not disclosing their pregnancy status. Goicolea, Wulff, Öhman and Sebastian (2009) substantiate that in school and other environments, the low status and stigma associated with adolescent pregnancy stem from taboos against not only sexual intercourse but any type of sexual activity among young girls. This finding also corroborate with Grant and Hallman (2006) as they state that in most settings, if a girl becomes visibly pregnant, she is required to withdraw from immediate society, thus reinforcing the notion of not disclosing.

It is also apparent that these adolescents are not comfortable with the level of confidentiality with teachers as they indicate that the teachers are talking about them. This situation leaves a pregnant adolescent scared, lonely and helpless. However if the situation is handled with sensitivity and confidentiality, the learners would be able to disclose their situation to the teachers and obtain meaningful support from the school. Similarly, the findings of the research conducted by Billings (2005) regarding teenagers' views and experiences of sex, relationships education, sexual health services and family support services, revealed that ninety percent (90%) of teenager reported that "confidentiality" was very important, followed by "not telling my parents". This was reinforced by an unusually high number of written statements such as "promise of confidentiality", "a guarantee that parents will not be informed". This proves that

teenagers should be able to trust the person they are talking to, and know what they are doing or telling that person is confidential.

#### 4.5.1.5.1 Pregnancy Disclosure

While these parenting learners indicated that there is no confidentiality in the school, eighty percent of them did not disclose their pregnancy until they were five to eight months pregnant. Regarding this finding, the well-being of unborn child and of the pregnant mother remains a concern. The participants articulated the following:

**Respondent 1:** *Emva kweenyanga ezintathu ndayokuthesta and iresults zaba positive. Ndandisoyika ndandingakwazi nokuxelela iparents zam ngalento. So ndagqiba ukuba ndilinde ndide ndibhaqwe. Kwakuyi five month but andikho sure.*

(After three month I went for pregnancy test and the results were positive. I got scared I couldn't tell my parents about this. So I decided to wait until they catch me. It was about after five month but I'm not sure).

**Respondent 2:** *Ndandiyazi ukuba ndimithi. But zange sixelele mntu until ndagqiba i eight months.*

(I knew that I was pregnant. But we didn't tell anyone about that until I reached the eighth months).

**Respondent 3:** *Ndicinga ukuba uzokuyifumana xa ndandina about seven months.*

(I think she found out when I was about 7 months)

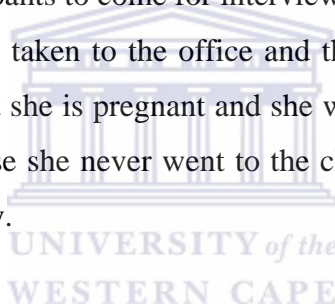
**Respondent 6:** *Owam umama zange abone niks. Ndandidla ngokuhlamba apha phambi kwakhe zange wabona niks. Sometimes xa ndi naked and ndiphambi kwakhe umntwana waye ashukume but still zange abone niks.*

(My mother didn't notice anything. I used to bath in front of her she wouldn't notice anything. Sometimes when I'm naked and in front of her the baby would move but still she didn't notice anything).

Although it might seem obvious that the school does not provide any support to these learners, this finding highlights that, partly these learners are blocking the interventions from relevant stakeholders by concealing the pregnancy. Assumably, if pregnant learners disclosed their pregnancies earlier, the school and parents would have prior intervened and supported them. Even though they indicated that the school doesn't maintain confidentiality, this breach of confidentiality is against the Learner Pregnancy Policy. As

the WCED (2003) affirmed that the matter should be handled with greater sensitivity and confidentiality. This finding also shows that both learners and teachers are not fully informed about Learner Pregnancy Policy. Sefton Children's Services (2001), a children's international organisation in Liverpool, provides guidance for schools regarding the education of school age mothers. This guide stipulates that teachers should seek consent for any disclosure and should make clear that they cannot offer, nor guarantee, pupil's unconditional confidentiality. However, if confidentiality has to be broken, the pupils will be informed first. Accordingly, this guide can be used locally as a model to protect the confidentiality of pregnant learners.

These quotes were substantiated by the researcher's field notes as there was an incident at the school which the researcher witnessed with regard to this issue. While the researcher was still waiting for the participants to come for interview, one of the students from grade nine got sick. The student was taken to the office and the teachers asked her about her sickness and she told them that she is pregnant and she was not sure if she going to give birth or it's miscarriage because she never went to the clinic and she was not even sure about the duration of pregnancy.



Everyone in the office surrounded her and screams, all the teachers were angry and asked her many questions while she was in pains. The Life Orientation teacher asked her "Why didn't you tell me?" She said "I was scared that you might get angry with me and I might be excluded from school". Other teachers were all screaming at the Life Orientation teacher and saying it's all her fault because she is protecting these learners and the rest of the students will repeat the same thing. The Life Orientation teacher took the pregnant learner's details and called her parents and afterwards she took the learner to hospital, driving her own car and accompanied by other two male teachers.

Based on this incident it was evident that learners felt uncomfortable to talk to relevant people, they also felt uncomfortable to attend local health centres and seek appropriate health care. Fear of disclosure, lack of confidentiality and lack of information are therefore strong themes that emerged from this finding.

#### 4.5.1.6 ABSENTEEISM

Frequent absence from the school is one of the reasons that cause learners to fall behind with their lessons. However, sixty percent of the participants showed positive response towards the school regarding absenteeism even though there is no special measure to accommodate absenteeism. They indicated that if you have a valid reason and a doctor certificate then there is no problem, you can catch up with your work.

The following excerpts support this statement:

**Respondent 3:** *Ndidla ngokuya kugqirha and then ndifumane ileta, but into eyenzekileyo last week. Umntwana wam ebegula ndamsa kugqirha and ndanikwa ileta but utitshala khange avume ukuba ndibhale itest. Ngoku if unesizathu esiqinileyo, akukho need.*

(I usually go to the doctor and then I'll get a letter, but something happened in the past week. My child was sick and I took him to the doctor and I was given a letter but the teacher refused to allow me to write a test. Now if you had a valid reason, there is no need).

**Respondent 6:** *Utitshala wesiXhosa uya understander nyhani. I remember the last time, it was oral test and ndayiphosa. Ndamxelela ukuba bendiye eklinik and she was fine and wa understander.*

(The Xhosa teacher really understands. I remember the last time it was an oral test and I missed it. I told her that I went to the clinic and she was fine and she understands).

**Respondent 1:** *Iba yi responsibility yakho, awukwazi kublamer isikolo ngokubangqongqo. But ndinqwenela if ngendingazange ndaqala at all because on Fridays andonwabi eklasini, the thing is that ndiyaphangela, so from eklasini kufuneka ndileqe emsebenzini.*

(It becomes your responsibility; you cannot blame the school for being harsh. But I wish if I wouldn't have started at all because on Fridays I don't feel comfortable in the class, the thing is that I'm working, so from the class I have to rush to work).

The teacher also agrees with the absenteeism condition; see for instance the following remark:

**Teacher1:** *No we treat them like any other children. If the child was absent in my class, she would demand work from other one. If she was sick, a medical certificate is required. Say I was giving a task that day, she would say no I took my baby to the doctor then I cannot give her a mark for that unless if she can give something from that doctor which says that a mother or learner brought a child, you see I need something because anyone can say I took my baby, my mother or whoever so. So there is no support for absence.*

**Teacher2:** *They are not attending and they are not studying you can see that they are just coming to school as they are doing a favour.*

However, forty percent (40%) of the participants experienced difficulties with the absenteeism condition and their performance in the class room was negatively affected.

**Respondent 4:** *Kufuneka ndingene i afternoon classes but since kufuneka ndileqe ecreche ngamanye amaxesha kufuneka ndiyiphose i afternoon class and sometimes ndizingenisa late i assignment zam kunabanye. Ndaxelelwa ukuba kukho ichanges ezikhoyo ezenziwa yi department. Iperfomance yakho yayijongwa ngokomsebenzi owungenisileyo, if kukho izinto ongazingenisanga awuyifumani ipromotion. So ndaphela nditshona.*

(I have to attend afternoon classes but since I have to rush to the crèche sometimes I have to miss the afternoon classes and sometimes I submit my assignments later than others. I was told that there are some changes by the department. Your performance was measured by the work you've submitted, if you miss some things you cannot get the promotion. So I ended up failing).

**Respondent 5:** *Kwakubakho amaxesha ndigule ndingabikho esikolweni and ndishiyekela. Yazishiyekisa izifundo zam because ubunikwa idate eklinik for enye i appointment only to find out the same date yile kanye ye test esikolweni, so now kufuneka ndenze i excuses and ndicele iphepha eklinik to prove ukuba bendipha. So iyandiphazamisa, xa bebhala itest andibikho ngamanye amaxesha kufuneka ukuba ndingayiphosi idate yaseklinik.*

(There were times when I got sick, I would be absent from the school and I will be left behind. It delays my studies because you will be given a date in the clinic for the next appointment only to find out the same date is the one for the test at school, so now I have to make excuses and ask the paper from the clinic to prove that you were there. So it disturbs me, when they write a test I'll be absent sometimes and I cannot miss the date for the clinic).

**Respondent 6:** *If ubungekho akho nto inokwenziwa. Ndikhumbula nge imini ndandingekho and babebhala itest yesi Xhosa. Ndaya kuMiss ndamxelela ukuba bendingekho because bendiye eklinik. Wathi ibiyi control test so ndiyiphosile, that was it. So bandinika uzero for lo test.*

(If you were absent there is nothing to be done. I remember the other day I was absent and they were writing a Xhosa test. I went to the teacher and I told her that I was absent because I went to the clinic. She said it was a control test so I've missed it that was it. So they gave me zero for that test).

Most pregnant and parenting learners experience difficulties with their school attendance as they have to go to health facilities for their appointments. Even if they produce medical certificates to the school they are unable to participate fully in all the school activities. This is supported by Chigona & Chetty (2007) who state that when the child got sick the parenting learner has to take the baby to hospital; and if the child has to be admitted in the hospital for a period of time, the teen mother has to miss the classes. When she gets back to school the teachers are not willing to go through the missed lessons with just one or two students. Instead the learners perceive that the teachers exclude them by emphasizing school behaviors, such as attending class, participating in discussions, completing homework assignments, avoiding distracting behavior, and taking part in extracurricular activities, all these are used as proxies for engagement and have been shown to be correlated with academic achievement (Grant and Hallman, 2006). These school behaviors place a parenting learner at the edge of her career achievement; due to her childcare responsibilities it becomes difficult for her to attend these activities.

Hence, the study conducted by Grant and Hallman (2006) shows that young women who were the primary caregiver for their child are more likely to drop out of school than are women who shared caregiving responsibilities with others. Therefore, a young mother's access to childcare plays a significant role in her subsequent educational attainment. Hence Chigona and Chetty (2008) suggest that teachers need to be knowledgeable regarding the problems teens face, including teenage motherhood.

#### **4.6 RESEARCH AIM THREE**

To investigate whether the support provided by the school meets the needs of the pregnant and parenting learners. The parenting learners indicated that the school does not meet their needs; in order for their needs to be satisfied the following themes emerged.

#### 4.6.1 THEME FIVE: A LACK OF FUNDING AND FINANCE FOR BASIC NEEDS

Financial support is a fundamental assistance for meeting the basic needs of pregnant and parenting and lack of financial support disrupt the education of these learners. As the participants indicated that as parenting learners they have to compromise their own needs for their babies and these financial constraints affect their studies. The following excerpts support this:

**Respondent 6:** *Ngamanye amaxesha ucela into and uzakuxelelwa ukuba umntwana kukho into ayifunayo. Uyabona xa umntwana efuna into kufuneke incame isent yokugqibela ukumanelisa.*

(Sometimes when you ask for something you'll be told that the baby needs something. You see if the baby needs something you have to compromise the last cent you have to satisfy him).

**Respondent 8:** *Ngoku ndandisamithi ndandisokola ndandingakwazi ukucela imali kwi parents zam. But now if ndicela imali bazakunibuza ukuba what about umntwana? Imali abanayo yeyomntwana.*

(While I was pregnant I was struggling, and I couldn't ask for money from my parents. I thought I'm pregnant and I'm old why should I ask for money from my parents. But now if I ask for the money they will ask me what about the baby? The money that they have is for the baby).

**Respondent 9:** *If andi afodi ukuzithengela ilunch ndizakusifida njani esinye isisu? I couldn't concentrate in the class. Ukhonsintreyta njani on the empty stomach? Kunganaysi if bebenokusiproveyda ngendlela esinikuthi sisapote abantwana bethu ngemali.*

(If I cannot afford to buy a lunch for myself, how am I going to feed another stomach? I couldn't concentrate in the class. How do you concentrate on the empty stomach? It would be nice if they (the teachers) provide the ways for us to support our children financially).

Based on these findings, it is apparent that financial constraints can negatively affect the school performance of parenting learners. In concurrence, ADEA (2003) states that inability to afford the direct costs has a heavy bearing on girl's education as it bars them from enrolling in school. Even though school cannot provide financial assistance to these learners, guidance to financial resources such Child Support Grant (CSG) would help to

meet some financial needs of these learners. CSG is a grant provided by government to reducing the impact of poverty on children, including those born to teenage mothers (DoE, 2009).

In response to school support, the WCED (2003) signifies that the school should supply these learners with guidance services available in the community; and the options available to her to continue her education during her pregnancy. Hence financial guidance is crucial as it will help these learners to meet their basic needs and encourage them to focus on their studies.

#### **4.6.2 THEME SIX: A NEED FOR EMOTIONAL SUPPORT FROM FAMILY, BOYFRIEND AND SCHOOL**

Lack of affection from the closest (family, boyfriend and school), consequently leads to emotional instability. Therefore, emotional support was reported as a key requirement to meet the needs of pregnant and parenting learners. The participants also stated that they need love and support from the teachers and parents to support them throughout the difficult times. The following quotes support this:

**Respondent 6:** *Ayikho enye into ngaphezu kothando. Sifuna isapot even nakwi femeli bhikhowz abazali bayathanda ukuthi “uzikhethela ngokwakho”.*

(There is nothing else more than love. We need support even from the families because parents like to say “you chose for yourself”)

**Respondent 1:** *Umama soloko ekhangela into erongo and then akungxolise ngayo, so andithethi naye at all.*

(My mother is always looking for something wrong and then she would nag you about that, so I don't talk to her at all).

**Respondent 4:** *Ndiye ndifile bhed because if you try to explain your problem kotitshala bazakuxelela ukuba ayofolthi yabo into yokuba ndinomntwana bafuna umsebenzi wabo qha.*

(I often feel bad because if you try to explain your problem to the teachers they will tell you that it's not their fault that I've got a child, they only want their work).

**Respondent 7:** *Emotionally ziya damager because ubukela umntwana wakho ekhula and zange walufumana olwathando luka tata even though mna ndimnika*



*lonke nabazali bam besenza njalo but still uyamazi utata wakhe ngegama and zange ache abe close kuye and babhonde.*

(Emotionally, they are doing some damage because you are watching your child growing and she has never got the love from her father even though I give her all and my parents are doing the same but still she knows her father by name but she never got close to him and bond with him).

Emotional support brings some sense of acceptance, well-being and boosts the self esteem of adolescents. Without the emotional support from school and from their families these adolescents find it difficult to deal with their studies. Therefore, Rowen, Shaw-Perry and Rager (2005) signify that parental guidance and support are critical components of a teenager's life. The way teenagers are viewed by their parents and teachers can greatly influence their behaviour. In addition, the support of a loving family is considered beneficial to the young mother and her new baby (Archibald, 2004). Therefore their role calls for limitless patience and communication skills (Jali, 2005). The support from the teachers is limited as HSRC (2007) indicates that teachers lack the skills to guide, mentor and support their learners. Thus Chigona and Chetty (2008) suggest that teacher training should be provided to support learners who are parenting mothers in their schools.

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#### **4.6.3 THEME SEVEN: LEARNERS REQUIRED PROFESSIONAL SUPPORT IN FORM OF MEDICAL DOCTORS AND SOCIAL WORKERS**

Professional referrals can enhance the pressure from the school and assist where the teachers cannot support. Professional support such as doctor and social worker's referral is indicated as part of the support that the school can provide to meet the needs of these learners. The participants indicated that the school should also organise professional doctors and social workers who can help them with social grant issues and the presence of social workers would also make it easy for them to talk about pregnancy and parenting issues.

**Respondent 7:** *Atleast if bekunobakho isocial workers zizokumamela iingxaki zethu because sometimes uye ucinge ukuba umncinci bazakuthini abantu abadala xa uveza ezi issues, izinto ezinje nge grant.*

(At least if there can be a social worker to listen to our problems because sometimes you will think that I'm young what would the adults say if I raise this issue, things like grant)

**Respondent 8:** *If ubunokuthunyelwa kogqirha abazakuyinceda ingxaki yakho.*

(If they can refer you to the doctor who can help your problem)

Even though the participants indicated that they need professional, it would be difficult for teachers to identify them and refer them to professionals as they indicated that their pregnancies were confidential. See for instance:

**Respondent 1:** *Siyazifihla nje xa simithi so isikolo sizakunceda njani. So it's not possible.*

(We are hiding ourselves when we are pregnant so the school won't know when you are pregnant. So it's not possible).

**Respondent 9:** *Ukumitha kwam kwakuyimfihlo.*

(My pregnancy was confidential)

If these pregnant learners disclose their pregnancy to the teachers, it would be easier for teachers to intervene and refer them to professionals for support. Professional support is considered as supportive actions by professionals, such as encouragement, counselling, and problem solving (Hupcey & Morse, 1997). DoE (2009) suggest that strong referral networks are also required with relevant government departments and other community structures that can support learners. Whereas, the Eastern Cape Department of Education (2007) provides a detailed strategy which states that where possible, learners, after giving birth, should be afforded with advice and counseling on motherhood and child rearing. The life orientation educator, counselor, or psychological services staff member if available or any other suitable person, should offer the mother, counseling on the roles and responsibilities as parents. Furthermore, schools should inform the Department of Social Development about pregnant learners and where applicable, assist in registering these learners for child grants. They may also refer the learner to relevant support services, such as social workers or NGOs operating in the community.

## 4.7 RESEARCH AIM FOUR

To make recommendations to the school managers and school governing body with regard to school policy on managing learner pregnancy. The participants recommended the following to the school managers and school governing body:

### 4.7.1 THEME EIGHT: ADOLESCENT MOTHERS TO PRIORITISE THEIR STUDIES

Some of the participants suggested that the parenting learners should also not act like old mothers; they should act like students and prioritise their studies. See for instance the following excerpts:

**Respondent 1:** *Into ekufuneka uyenzile kukuplana ixesha lakho kakuhle wenze ixesha for into yonke. Dont focus on the fact that you've got a child otherwise soze uqhubekeke phambili. If ucinga ngokuba umithi usemncinci, utata womntwana akakusapoti. Ezo zinto soze zikuse ndawo.*

(All you need to do is to plan your time properly and make time for everything. Don't focus on the fact that you've got a child otherwise you won't progress. If you think that you got pregnant at the early age, the father of the child doesn't support me. Those things won't take you anywhere).

**Respondent 2:** *I think isikolo kufuneka sibaxelele abo bafundi ukuba bangazenzi abafazi abadala or oomama, because abanye babo bayathanda ukubanenkani, if bayacelwa ukuba benze into baye bangafuni.*

(I think the school should tell those learners that they shouldn't act like old women or mothers, because some of them tend to be resistant, if they are being asked to do something they would refuse).

**Respondent 3:** *Andiqondi ukuba kukho into ekufuneka yenziwe kuba awukwazi ukusokolisa isikolo ngenxaki zakho nezomntwana wakho, if awuzanga esikolweni for lonto ayo fault yomnye umntu but wena isiqu sakho.*

(I don't think if there is something to be done because you cannot bother the school with your problems and your child, if you didn't come to school for that it's nobody's fault but you yourself).

**Respondent 7:** *In terms of support andiqondi ukuba bangenza olohlobo its just that you a parent at the same time uyafunda, kufuneka u prioritise.*

(I don't think they can do much it's just that you are a parent at the same time you are studying, you just need to prioritise).

It is apparent that parenting learners are also willing to prioritise their studies and are willing to improve their condition. Roosa (1986) supports this and suggests that adolescent mothers should settle on their particular needs and design programmes specifically to meet those needs.

#### **4.7.2. THEME NINE: LEARNERS TO FORM SUPPORT GROUPS**

Pregnant and parenting learners need someone to relate to or someone to share the same experience with. Therefore one of the participants indicated that parenting and pregnant learners need attention and they can get this attention if they can form support group for pregnant and parenting learners. The support groups would help them to discuss issues which are affecting them and advise each other.

The following excerpt supports this discussion:

**Respondent 8:** *I would suggest that if bekunobakho isupport groups for aba bamithiyo so that if umntu unengxaki angakwazi ukuthetha kwi group maybe kuzakubakho umntu apha egroupini onale ngxaki yakho. Like ngoku ndandimithi ndandinengxaki, ingxaki yam yayiyokuba sometimes ndandingenagazi libalekayo apha kum emzimbeni. But then ndandinogqirha and wandinika ipilisi and wandixelela ukuba mandithini. But into endizama ukuyithetha yeyokuba if kungakho igroup apho unokuveza khona ingxaki zakho bangakucebisa okanye bakuthumele kugqirha onokuyinceda ingxaki yakho.*

(I would suggest that if there can be a support group for those who are pregnant so that if the person is experiencing some problem she can talk to the group maybe there will be someone in the group who've got the same problem. Like when I was pregnant I had a problem, my problem was that sometimes I' didn't have blood running in my body. But then I had a doctor and he gave me some pills and he told me what to do. But I'm trying to say is that if there can be a group where you can raise your problem and they can advise you or refer you to the doctor who can help your problem).

Support groups were regarded as possible crucial sources of information for sexual issues and other parenting issues in the phenomenon of adolescent pregnancy. This finding is supported

by Rowen *et al* (2005) who signify that support groups may provide opportunities for the teens and guest speakers to offer advice that will help with the challenges of teen parenting. For example, when one teen is feeling down, other teens that have experienced similar situations may be a positive influence and offer words of encouragement. East (1996) also support this notion of support groups and state that support groups could also help to curb teenage pregnancy if the parenting teens and their partners could emphasize to younger teens the hardships involved in early parenting (e.g. the stress of parenting a young infant, limited job options, difficulty of finishing school, a restricted social life) and actively discourage young siblings from teen pregnancy and parenting.

### 4.7.3 Suggestion from the Teachers

The teachers were asked to give some suggestions regarding learner pregnancy issues. The teachers indicated that they cannot do or suggest anything to assist pregnant and parenting learners because they are not trained to handle such issues and they do not have enough time to look at pregnancy issues: The following excerpt supports this discussion:

**Teacher1:** *I'm very sceptic in terms of saying the school can or should provide this and that because of the load of work that the teachers already facing because that would be now another load of work on the shoulders of educators. To me hey the work is too much for educators so it's difficult to say that teachers should engage in this in order to assist parenting learners because its already too much that the teachers is expected of them, they are already social workers, they are already parents, they are already everything. So to say that things need to be put in place to assist parenting learners it's difficult. The time is just not there, with the changing of the curriculum, all these new changes it's really demanding for educators. The other problem is that we cannot notice some of them while they are pregnant.*

It was evident that teachers are not trained to deal with pregnancy issues; therefore a comprehensive training is required to curb this issue. Mohase (2006) supports this notion by stating that educators need to be trained on how to deal with learners who fall pregnant. Chigona and Chetty (2007) also suggest that teacher training should be provided to support teen mother students in their schools.

#### **4.8. CONCLUSIONS**

The chapter dealt with the analysis of the findings that emerged from the experiences of parenting learners. The investigative nature of this study means that its main significance lies in providing recommendations for schools and learners to deal with learner pregnancy in an appropriate manner. Throughout the analysis several themes have been identified. The key findings illustrates that the school does not provide any means of support to pregnant and parenting learners. According to the data provided, the teachers also agreed that they are not providing any support because they do not have the capacity and this combined with the curriculum overload prevents them from focusing of the needs of parenting learners. Even though there is no stipulation for support, the findings also revealed that pregnant learners are concealing their pregnancy from the school and from the parents. Therefore, this situation makes it difficult for teachers to identify them and intervene in the learner pregnancy issue. For this reason, parenting learners need to disclose their pregnancies early to their parents and to the school so that they can get the support they need. The school needs to treat these occurrences with greater sensitivity and confidentiality so that learners can be able to trust them with their pregnancy status. Relevant published literature was integrated into the discussion to compare with the findings of the study. The following chapter presents a summary of the key findings; highlights the limitations of the study as well as provides recommendations based on the findings.

## **CHAPTER 5**

### **KEY FINDINGS, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

This study aimed at exploring the experiences of parenting learners with regard to the Western Cape Education Department learner pregnancy policy. Learner pregnancy policy is a guide formulated by the National Department of Education and adapted by the Western Cape Education Department in 2003 with the primary aim of ensuring that schoolgirls are given appropriate support and every possible opportunity to continue their schooling. This study therefore examined pregnant and parenting learner's experiences of school's management on learner pregnancy. The demographic details and interview findings were analysed on the previous chapter. Therefore, this chapter discusses the implications of the findings and present recommendations based on the key themes that have emerged from the data in line with the research aims of the study.

#### **5.2 DESCRIPTION OF THE SAMPLE**

The teenagers' socio-demographic data was analyzed quantitatively. Given that approximately seventy percent (70%) of the respondent's ages range between 18 and 20 while thirty percent (30%) of the respondent's ages ranged between 16 and 17, it may be concluded that teenage pregnancy of this sample is more prevalent in later adolescence than in early adolescence. The findings also revealed that sixty percent (60%) of parents/guardians' monthly income is R3501 and more while forty percent (40%) are earning below R3500 and live below poverty line and therefore cannot afford to meet the needs of parenting learner and her child. Thus it may be concluded that the respondents are living in poor socio-economic conditions, and that, in general, their parent's educational level was also low, ranging between grades 8 to 12. The findings also

revealed that participants were not using contraceptives before pregnancy but now they are using contraceptives to prevent second pregnancy.

### **5.3 SUMMARY OF FINDINGS**

**5.3.1 RESEARCH AIM ONE:** To investigate what the needs are of pregnant and parenting learners. The following themes emerged to address this aim.

#### **5.3.1.1 LACK OF SUPPORT AND PROVISION OF COMPREHENSIVE INFORMATION**

Lack of support and access to information is a strong theme that emerged. While the school provides Life Orientation (LO), it was discovered that learners were not satisfied with the subject matters covered in the LO class. The participants articulated that the subject offers inadequate information that does not relate to the sexual issues that affect adolescents. Therefore, parenting learners indicated that they needed comprehensive information on various issues that were involved during their pregnancy. On the other hand the findings from the teachers were opposite. The teachers indicated that there are several programmes that are coming to school to cover HIV/AIDS and sexual issues. However students are negligent when it comes to such issues including Life Orientation. Based on this finding it should be assumed that the information that is being provided does not reach out and relate to these students. Even if teachers and parents do provide information; they provide inadequate sex related information, whereas it is their role to engage in open discussions about the problems adolescence face, including pregnancy and teenage motherhood.

##### **5.3.1.1.1 Pregnant and Parenting learners were not comfortable to seek advice from the teachers, nurses and parents because they would be judged.**

The learners indicated that they required information regarding contraception information, sexual education and basic information about pregnancy however they had



no communication or close relationship with their teachers, parents and nurses and could therefore not speak freely about contraception. The respondents specified that they needed information such as nutrition programme, professional referrals such as social workers and gynaecologists, pills or pads for emergency cases. These teenagers also wanted to know about the whole process of pregnancy and as one of the respondents mentioned that she didn't know anything about antenatal service. Furthermore, the findings also reveal that the teenagers didn't consult the health services for antenatal programme; they only visited the clinics on the third trimester which poses greater risk to the health of unborn baby.

The teenagers were therefore not prepared for the pregnancy because they were not informed of what is going to happen during the process. This lack of knowledge adds to the feelings of depression and loneliness that most pregnant girl's experience. Thus educators, health professionals and families should inform them about physical and emotional changes that arise during pregnancy; this information can improve the psychological well-being of these adolescents during pregnancy.

The findings reveal that the teachers are not trained to deal with pregnancy and health related issues. It is therefore imperative for teachers to be trained on how to deal with learner pregnancy. Practical competence with reference to this particular role requires a teacher to guide, counsel and tutor learners in need of assistance with social or learning problems and to demonstrate the ability to respond to current social and educational problems with particular emphasis on the issues of teenage pregnancy.

#### **5.3.1.1.2 Contraception Awareness**

Given that most of the participants were not using contraceptives before the pregnancy proves that the leading cause of teenage pregnancy in this sample was unprotected sex. However, eighty percent (80%) of the participants indicated that they use injection and ten percent (10%) uses a condom to prevent pregnancy. Therefore contraception or sex education awareness is a key to reduce teenage pregnancy and confidential access to contraceptives is required.

### **5.3.1.2 FINANCIAL CONSTRAINTS ARE PREVALENT AMONGST PREGNANT AND PARENTING LEARNERS.**

From the findings it was evident that parenting learners are struggling to meet their basic needs due to financial constraints. The financial assistance of their parents is greatly needed. Parents can financially assist their teens until they are in a good position to support themselves and their babies. Employment isn't an option for these adolescents as it will take away time from their learning and further impede their ability to complete their secondary school education. Forty percent (40%) indicated that their families earn from R500 up to R2500 a month, this finding shows that these families are earning below the poverty income line and therefore cannot afford to meet the needs of parenting learner and her child. Therefore intervention is required to assist these learners. The literature consulted shows that government provides Child Support Grant (CSG) to lessen the level of poverty on children, including those born to teenage mothers. However the uptake of CSG by teenagers still remains low and this is due to lack of knowledge about the CSG and the difficulty in obtaining the required documentation. For this case Social Development needs to educate mothers about CSG and make it more accessible as the Section 27 (1) (a) – (c) of the Constitution affirms that “everyone has the right to have access to social security, if they are unable to support themselves and their dependants.

**5.3.2 RESEARCH AIM TWO:** To determine whether there is support provided by the school for pregnant and parenting learners. The following themes emerged to address this aim:

#### **5.3.2.1 THE SCHOOL DOESN'T PROVIDE ENOUGH SUPPORT TO MEET THEIR NEEDS.**

The participants reported that as soon the school found out that they were pregnant they were asked to stay at home until they gave birth for this reason they resorted on hiding the pregnancy so that the school cannot expel them. Whereas the teachers indicated that

they didn't provide support unintentionally, but this is due to their lack capacity to provide the support.

#### **5.3.2.1.1 Pregnant learners hide their pregnancies from the school**

As discussed above, seventy percent (70%) of the participants indicated that they hid their pregnancies to avoid being expelled from the school. The study findings also highlight that since these learners conceal their pregnancy from the school they are averting the possible intervention that the school can offer and put the life of the unborn baby at risk because if the teachers are not aware about their pregnancy they cannot provide any support to them. The other scenario is that learners conceal the pregnancy as a protective mechanism as this prevents them from being expelled from the school. Even though the National Department of Education policy is driven by the interest of the child in the short-term but the expulsion of a parenting learner is a long term education deficit therefore DoE needs to revisit the policy and constitutionally align it and change the two year waiting period.

Based on these findings it is clear that the support these parenting learners are getting from their families and school is not enough to facilitate their education. As such they specified that they need adequate support from the school and from relevant stakeholders which includes: emotional support (love and sympathy from school, family and from the boyfriend), learning support, health support, sex education, confidentiality.

#### **5.3.2.1.2 Participants experienced negative reactions from their families.**

It was found that participants experienced negative reaction from their families, from school and from the fathers of the babies. The participants indicated that their families were angry and disappointed about the pregnancy but subsequently they accepted the pregnancy and their mothers supported them.

#### **5.3.2.1.3 The partner's reaction towards pregnancy and responsibility for the baby**

Some of the parenting learners, particularly those whose boyfriend in the resulting pregnancy refused responsibility for the pregnancy, reported that they felt miserable

about the pregnancy. The denial by the boyfriend in the resulting pregnancy seems a major concern that influenced both the feelings of the pregnant teenagers and the well being of the baby. Denial of the pregnancy by boyfriend resulted in sadness, while acceptance, even if the boyfriend does not fully support the child, eased the feelings of hurt and disappointment of the pregnant teenager. While some of the participants' boyfriends supported them during pregnancy, most of the relationship with their boyfriends changed and eventually ended later after birth. The respondents also stated that their boyfriends refuse to accept responsibility towards their children and this makes it clear that the parenting learners are left alone to take care of the child.

This finding is also a concern as it shows that these babies will grow with separated parents and with no experience and knowledge of family unity. In addition the support of the baby's father is important to the pregnant and parenting learner as it can boost or demolish their self esteem. Hence the intervention of Human Ecologist is required; they should revisit the family system model and educate the communities about the value of family system. While the family systems theory reminds us that family members seek each other's attention, approval, and support and react to each other's needs, expectations, and distress. Based on Chigona and Chetty's (2008) findings it would be helpful if the WCED can re-address schools about Learner Pregnancy policy and provide practical guides.

#### **5.3.2.2 PREGNANT AND PARENTING LEARNERS REQUIRE LEARNING SUPPORT TO COVER MISSING LESSONS DURING PREGNANCY AND PARENTING**

The findings highlights that learning support is referred to tutoring, study notes, supporting educational material, extra lessons, extensions for tests, flexible time line for assignments or school projects are necessary for covering missed lesson during pregnancy and parenting and for these learners to keep abreast with other learners. The findings therefore reveal that learners face many challenges and labelling can lead learners to a deviant behaviour such as crime, absenteeism and poor school performance. Given that parenting learners felt that the teachers were not sympathizing with them and

they were expected to perform like other learners in the classes. Hence the WCED learner pregnancy policy articulates that girls who are pregnant should be treated sensitively as learners with special needs. Therefore teachers' training is crucial as it will equip them with skills to deal with learner pregnancy issues. Teachers need to create a supportive and empowering environment for all learners; responding to the educational and others needs of learners; establish relationships with parents and other key stakeholders.

The findings reveal that female students' disengagement from school is mainly associated with their absenteeism from school due to parental duties. At the same time the respondents showed positive response towards the school regarding absenteeism. Even though there is no special guide or programme to accommodate absenteeism they indicated that if you have a valid reason and a doctor certificate then there is no problem, you can catch up with your work. However if a learner doesn't produce a certificate, a teacher will not consider her excuse. The findings denote that teachers are not willing to go through the missed lessons with just one or two students.

The demands of a new baby and of school work also impact on the time available for social engagement and other activities so they had had to sacrifice their freedom. Teenage pregnancy disrupts the ability of a learner to attend school, thus the participants indicated that they need enough time to study and enough time to perform the tasks of motherhood.

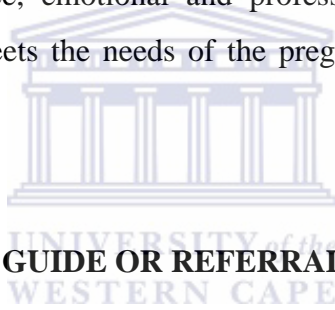
Therefore, parenting learner's access to childcare can play a significant role in her educational achievement as it can minimize the time missed from school however the financial deficit may restrain the access to childcare.

### **5.3.2.3 THE LEARNERS DO NOT TRUST THE LEVEL OF CONFIDENTIALITY WITH THE TEACHERS**

Throughout the findings, it became clear that confidentiality was the main problem. The findings show that there is no confidentiality in the school; instead the pregnant learners conceal their pregnancies till late in the pregnancy cycle and as the pregnancy becomes visible the school would make comments about pregnant learners and make it uncomfortable for them to continue schooling. The perceived reaction of the teachers to

the pregnancy encourages these learners to hide the pregnancy and put the life of unborn baby at risk and they also indicated that they never consulted health facilities for the first two trimesters and impose higher risk. On the other hand, the pressure of hiding the pregnancy contributes to depression, poor school performance and affects the well being of the adolescent and unborn child. This finding leads back to the question of school support, hence it is fair to conclude that the school cannot intervene and provide any support if they are unaware of the problem.

**5.3.3 RESEARCH AIM THREE:** To investigate whether this support meet the needs of the pregnant and parenting learners. Financial, emotional and professional supports were recurring themes among learners who participated in this study. It was noted first in the responses to the question about pregnant and parenting learner's needs – a number of participants referred to finance, emotional and professional assistance. Again, when asked whether this support meets the needs of the pregnant and parenting learners the same themes aroused again.



#### **5.3.3.1 LEARNERS NEED A GUIDE OR REFERRAL TO FINANCIAL RESOURCES**

Unplanned babies affect the country, as the state has to offer more funds to the poor and eliminate poverty while the country itself is going through inflation. Therefore it is not feasible to have unplanned children in the current economic climate hence contraception awareness is the key for prevention. Since the respondents have children already, their families and the school have the role to play by referring them to Social Development for Child Support Grant and to provide them with career guidance that will help them to make informed career choices. Informed career choices can lead them to careers that can sustain them financially.

### **5.3.3.2 PARTICIPANTS NEED LOVE AND SUPPORT FROM THE TEACHERS, FAMILY AND FROM THEIR BOYFRIENDS.**

In the context of support, emotional support was reported as one of the key requirement to meet the needs of pregnant and parenting learners. The findings show that participants need love and support from the teachers, family and from their boyfriends. Emotional support brings some sense of acceptance, well-being and boosts the self esteem of adolescents. Though it is not easy, the school should not make judgements and comments about these learners, they should accept their situation and provide them with the necessary means to deal with it. Hence educating teachers and society as whole need to identify and correct negative attitudes and practices that unfairly penalize their female students is an important step toward both sex equity in education and the reduction of dropout among girls. Hence new developments indicate that teachers are now willing to deal with pregnant learners as they have urged government to assist them with training to deal with learner pregnancy. The interviewed teachers admitted though that they are not trained to deal with learner pregnancy and that they do not have enough time to give these learners the special attention that they need.

#### **5.3.3.2.1 Family contribution toward parenting learners**

The findings also show that culture, structure and organization of a family can be seen as “contributing firstly to early sexual initiation and secondly to teenage pregnancy. The family can play a significant role by being there for their daughter and take care of the baby while the mother is studying. Parents should also continuously encourage their teens to stay in school by offering support such as providing childcare, assisting them with school assignments, and providing financial assistance when necessary, even as they are teaching their teens to become self-sufficient.

### **5.3.3.2.2 The impact of the father's absence**

The absence of the father is main challenge for these learners, as they have to experience the humiliation and try to justify the occurrence to their families. Consequently the teenage mother might have postnatal depression, and this can continue for one year or more after the birth of the child if adequate support was lacking before and or after the baby was born. Therefore receiving treatment for postnatal depression is extremely important for the mother in order to cope with her symptoms.

It is therefore clear that the minimal support from boyfriends and family risk factors can greatly contribute to teenage pregnancy, school dropout and teenage pregnancy can be intergenerational if there are no interventions.

### **5.3.3.3 STRONG REFERRAL NETWORKS ARE REQUIRED TO ASSIST THESE LEARNERS**

Professional referrals can enhance the pressure from the school and assist where the teachers cannot support. Professional support such as doctor and social worker's referrals are indicated as part of the support that the school can provide to meet the needs of these learners. Although SA has instituted an enabling policy environment for young mothers in the school environment, it needs to be supported by a programmatic focus that addresses the barriers to learning. These include catch-up programmes with respect to the academic curriculum and, in particular, remedial education that often leads to dropout. Strong referral networks are also required with relevant government departments and other community structures that can support learners.

**5.3.4 RESEARCH AIM FOUR:** To make recommendations to the school managers and school governing body with regard to school policy on managing learner pregnancy. Participants were asked about recommendations to address learner pregnancy. Their responses were surprisingly positive, they suggested the following:

Despite all the minimal support from school and from families, pregnant and parenting learners suggested that they need to decide and take charge of their own careers.



However, these learners should not be expected to shoulder this burden alone. There is incredible scope for further progress in reducing teenage pregnancy and supporting their education. This process needs to entail critical reflection and engagement from the relevant authorities and relevant stakeholders, as well as examination within families and communities of their role in advocating for pregnancy prevention and responses to teenage pregnancies.

Pregnant and parenting learners need someone to relate to or someone to share the same experience with. Therefore some of the participants indicated that parenting and pregnant learners need attention and they can get this attention if they can form support group for pregnant and parenting learners. The support groups would help them to discuss issues that are affecting them and advise each other. In addition, parenting learners can be involved in sex education and promotion campaigns and their participation can be encouraged by offering incentives such as food.

#### **5.4 Recommendations from the Study**

The experiences of pregnant and parenting learners have been documented in the findings of this research. There are however a number of implications inherent in these findings which may call for attention of WCED policy makers, teachers, school governing body and parents. In effort to solve the learner pregnancy issues the following strategies can therefore be recommended: Further recommendations include:

- It is recommended that the school should follow the guidelines of the WCED as they prioritise the interest of a girl child. In addition the capacity of teachers should be increased to provide more support as this was identified as problem at the school.
- The life orientation subject offered by the school needs to be reviewed. The school should provide detailed information on sex education including reproduction processes information on a continuous basis and sex education should be included in the school syllabus.

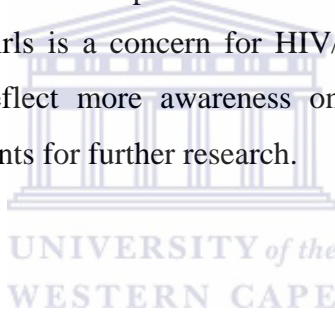
- Adolescent-professional-friendly services should be provided in a school setting. Health workers should ensure that confidentiality is maintained, so that these adolescents would not panic to obtain contraceptives and attend the prenatal programmes.
- The learners should disclose as early as possible to get all the support needed. Furthermore, human rights education needs to come into play so that learners can be well informed about their rights. The school also needs to familiarise itself with the WCED learner pregnancy guidelines as they emphasise that matter must be treated sensitively and confidential and the learners should be provided with all support available. On the other hand, the WCED needs to deal with the learner pregnancy issue explicitly and challenge the National Education Department on the two year waiting period so that the school cannot just expel or suspend learners base on national policy.
- There should be support groups for pregnancy and parenting learners as well as additional tutoring study notes, supporting educational material, and extra lesson, extensions for tests, and flexible time line for assignments or projects to assist pregnant and parenting learners who lost time from school due to pregnancy or child care.
- Financial guidance is crucial as it will help these learners to meet their basic needs and encourage them to focus on their studies. Therefore, the school should supply these learners with referral services available in the community; and the options (for example child support grants) available to her to continue her education during her pregnancy.

### **5.5 Recommendations for Future Study**

- The exploratory nature of this study means that its main value lies in providing pointers for future research. This study was conducted among a small number of

parenting learners in Khayelitsha, Western Cape. A further study involving parenting learners on a provincial scale is recommended.

- There has been very little research on pregnant and parenting learners between Indian and White South Africans in order to assess cross cultural research patterns. Generating an understanding of their experiences may be important for strategizing dynamic solutions for teenage pregnancy throughout the country.
- The Western Cape Education Department should also execute a large-scale follow up between learners and teachers about Learner Pregnancy Policy and investigate their perceptions about the policy.
- The strong correlation between reported sexual activity and high use of injection contraceptive among girls is a concern for HIV/AIDS and other related STDs, though it may also reflect more awareness on pregnancy prevention. This phenomenon also warrants for further research.



## 5.6 Conclusion

This research illustrates that there is a misunderstanding and miscommunication between teachers and learners about learner pregnancy. These learners experience difficulties without any perceived support. The findings indicate that if the teachers were aware of their pregnancy and trained to deal with learner pregnancy, these learners would be supported by the school.

The findings of this study also suggest that the promotion of sexual education among adolescents is a strategy to curb teenage pregnancy. The WCED policy needs to be amended in order to include more promotive and preventative measures with more representation from the health and social development authorities. Information does not only enhance girl's educational accomplishment but also lead to a broader social development, particularly poverty eradication and financial stability within the home, and

promotion of gender equality. Therefore, the findings suggest that short-term strategies should focus on the promotion of contraception as part Life Orientation curriculum.

Policy developers should consult School Governing Body and learners before the initiation, development and implementation of the policy. Most importantly, young people must be actively involved at all stages as it seems currently that the policy doesn't meet the needs of pregnant and parenting learners.



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## Appendix A



### **University of the Western Cape**

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## FACULTY OF COMMUNITY AND HEALTH SCIENCES

### HUMAN ECOLOGY

#### **Permission letter**

Letter Requesting permission to conduct Research  
The Director (Education)

WESTERN CAPE EDUCATION DEPARTMENT  
TO WHOM IT MAY CONCERN

#### REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I Zanele Matshotyana, a MA Human Ecology student at the University of the Western Cape, request a permission to conduct research at Luhlaza Senior Secondary school in Khayelitsha.

I am to investigate what the needs are of pregnant and parenting learners, whether there is support provided by the school and whether the support meets the needs of pregnant and parenting learners based on the experiences of parenting learners.

This study also aims to use findings to make recommendations to the school managers and governing body. A qualitative research design will be used involving 10 interviews with learners and two interviews with the deputy principal and a teacher. An in-depth interview will be conducted and the data coding schemes will be used to analyse the data. The study can be significant by contributing knowledge that will help the teachers to understand the experiences of the parenting learners.

Please do not hesitate to contact me for further details.

Yours Faithfully  
Zanele Matshotyana

Contact numbers:

Mobile: 0792515903  
E-mail: 2140235@uwc.ac.za

**Appendix B**



**University of the Western Cape**  
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**FACULTY OF COMMUNITY AND HEALTH SCIENCES**

**HUMAN ECOLOGY**



UNIVERSITY of the  
WESTERN CAPE

**Consent form**

Dear Parent/Guardian

Permission for your adolescent to participate in a Research Project

I..... accept for my daughter to participate in this study that seeks to investigate what the needs are of pregnant and parenting learners, whether there is support provided by the school and whether the support meets the needs of pregnant and parenting learners based on the experiences of parenting learners in Luhlaza High school. I have received a letter of information about the study, the procedure and the nature of the study have been explained to me and my doubts and questions have been clarified to the point of satisfaction.

.....  
Date

.....  
Signature

.....  
Witness

## Icandelo B



### **University of the Western Cape**

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## FACULTY OF COMMUNITY AND HEALTH SCIENCES

### HUMAN ECOLOGY

#### **Incwadana yenkcukacha**

Igama lam ndingu Zanele Matshotyana ndifundela isidanga esinomsila kwizifundo zeHuman Ecology kwi -Yunivesithi yase Ntshona koloni. Ndenza uphando kwisihloko esithi “Izimvo ngamahlandinyuka ahlangatyezwa ngabafundi abanabantwana eKhayelitsha, eKapa. Olu phando luzakuqhutywa kwisikolo saseLuhlaza esikwilokishi yaseKhayelitsha, lusenziwa phantsi kweliso lika-Professor P. Daniels (kwi-) Faculty of Community and Health Science ye-Yunivesithi yase Ntshona koloni.

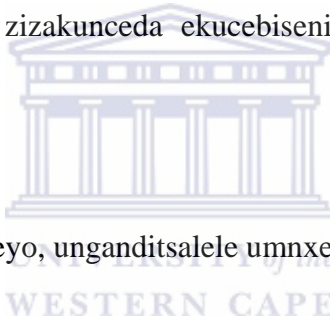
Iinjongo zoluphando:

1. Kukuphanda ngamahlandinyuka ahlangatyezwa ngabafundi abanabantwana.
2. Ukuphanda ukuba ingaba isikolo siyababonelela na aba bafundi banabantwana nabo bakhulelweyo



3. Ukuphanda ukuba esisibonelelo siyazanelisa na imfuno zabafundi
4. Ukucebisa abaphathi besikolo ukuquka nekomiti yesikolo.

Ukufezekisa oluphando, ndicela imizuzu engamashumi amathanadathu kunye nawe. Olu dliwanondlebe luzakushicilelwa , luphinde luqondisiswe/luqinisekiswa kuwe. Malunga noku ndiyakuqinisekisa ukuba igama lakho aluzukuchazwa. Ukuqinisekisa imfihlo yakho, ulwazi ondinike lona luyakucinywa kwesisishicilelo emva kokuba lubhalwe phantsi. Unelungelo lokungathathi inxaxheba koluphando nangeliphina uxesha ungayeka. Inzuzo yokuthatha inxaxheba koluphando yeyokuba uzakubanethuba lokuthetha izimvo zakho. Iziphumo zoluphando zizakunceda ekucebiseni abo baphetheyo kwicandelo lezemfundo entshona koloni.



Ukuba ufuna inkcazelo epheleleyo, unganditsalele umnxeba kulenombolo ingezantsi:

Cell: 079 251 5903

Isishwankathelo malunga neziphumo zoluphando luzakufumaneke ukuba uyalifuna.

Ozithobileyo

Zanele Matshotyana

MA Human Ecology

Umphandi

Prof Daniels

Supervisor

Appendix C



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**FACULTY OF COMMUNITY AND HEALTH SCIENCES**

**HUMAN ECOLOGY**

**Letter of Consent**

Research Topic: The experiences of parenting learners with regard to learner pregnancy and parenting support provided by a school in Khayelitsha, Cape Town.

RESEARCHER: Z. MATSHOTYANA

I .....agree to participate voluntary in this research. It has been explained to me that the minithesis is in partial fulfilment of a Masters of Human Ecology Degree at the University of the Western Cape. The purpose of this research has been explained to me and I am aware that my participation is based on anonymity and that I can withdraw from the research at any time. I am also aware that the information I provided will be used for research purposes only. I understand that after the minithesis has been written; all tapes and transcripts of the interview will be erased to ensure confidentiality.

Signature: Participant.....

Date.....

Signature: Researcher.....

Date.....



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### FACULTY OF COMMUNITY AND HEALTH SCIENCES

#### HUMAN ECOLOGY

#### **Incwadana yezibhambathiso**

Isihloko sophando: Izimvo zabafundi ngamahlandinyuka abahlangabezene nawo abafundi abanabantwana nabakhulelweyo eKhayelitsha, eKapa



Umphandi: Z. Matshotyana

Ndingu..... ndiyavuma ukuthatha inxaxheba koluphando. Ndicaciselwe ngoluphando lwezifundo ze Human Ecology zakwiYunivesithi yaseNtshona Koloni. Ndicaciselwe ngenjongo zoluphando, yaye inkxaxheba yam isekelwe kwisithembiso sokokuba ndingayeka xana ndinganelisekanga okanye ndingafuni nangeliphina ixesha. Ndithenjisiwe into yokuba ulwazi endizakulunika luzakusetyenziswela olu phando kuphela. Ndithenjisiwe kananjalo into yokuba emva kokuba oluphando lubhaliwe zonke izishicilelo nenguqulelo zodliwanondlebe zizakucinywa ukuqinisekisa ukuba zizakuhlala ziyimfihlo.

Utyikityelo: Umthathi nxaxheba.....

Usuku.....

Utyikityelo: Umphandi.....



## Appendix D



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## FACULTY OF COMMUNITY AND HEALTH SCIENCES

### HUMAN ECOLOGY

#### **Information sheet**

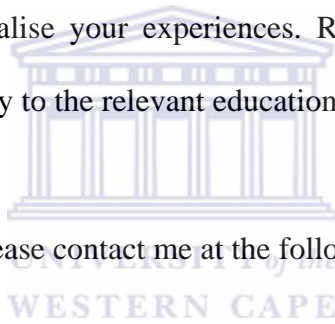
My name is Zanele Matshotyana, studying for the Masters Degree in Human Ecology at the University of the Western Cape. I am presently engaged in a research project entitled “The experiences of parenting learners with regard to learner pregnancy and parenting support provided by a school in Khayelitsha, Cape Town.” This study is to be conducted at Luhlaza Senior Secondary school which is located in disadvantaged area of Khayelitsha, under the supervision of Professor P. Daniels of the Faculty of Community and Health Science of the University of the Western Cape.

#### **The aims of the study are:**

- (1) To investigate what the needs are of pregnant and parenting learners.
- (2) To determine whether there is support provided by the school for pregnant and parenting learners
- (3) To investigate whether this support meets the needs of the pregnant and parenting learners

(4) To make recommendations to the school managers and school governing body with regard to school policy on managing learner pregnancy.

To complete this study, I need 60 minutes of your time for an interview. The interview will be audio taped, transcribed and verified with you. In this regard, I undertake to safeguard your anonymity by omitting your name and that of the school in my project. In order to ensure your confidentiality, I will erase the taped information once the information has been transcribed. You have the right to refuse to participate in this research study at any time. The benefit of participating in this study is that you will be given the opportunity to verbalise your experiences. Recommendations will be made based on the results of this study to the relevant educational authorities.



For any further information, please contact me at the following number:

Cell: 079 251 5903

A summary of the research findings will also be made available to you on request.

Yours faithfully

Z Matshotyana

MA Human Ecology

Researcher

Prof P Daniels



## University of the Western Cape

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### FACULTY OF COMMUNITY AND HEALTH SCIENCES

#### HUMAN ECOLOGY

##### **Incwadana yezibhambathiso**

Mzali othandekayo

Invume yokuba intombi yakho ithathe inxaxheba kuphando

Ndingu..... Ndiyavuma ukuba intombi yam ithathe inxaxheba koluphando lomgaqo nkqubo wabafundi abakhulelweyo kunye naba banabantwana osekwe lucandelo lwezemfundo lwasentshona koloni, yaye ingaba lomgaqo nkqubo uyazanelisa na iimfuno zabafundi abakhulelweyo kunye nabo banabantwana baseLuhlaza, yaye oluphando lufuna ukuqonda eminye imiba yokuhlala ethi ibiphazamise kwizifundo zabo. Ndiyifumene incwadi ecacisa ngokuphandle ngoluphando nendlela oluzakuqhutywa ngalo oluphando lucacisiwe ngokupheleleyo kum yaye ndanelisekile andinamathandabuzo nemibuzo ebindinayo icacisiwe ngendlela endanelisileyo.

.....

Usuku

.....

Usuku

.....

Utyikityelo

.....

Ingqina

## Appendix E

### Permission letter

Navrae        **Dr RS Cornelissen**

Enquiries

IMibuzo

Telefoon     **(021) 467-2286**

Telephone

IFoni

Faks         **(021) 425-7445**

Fax

IFeksi

Verwysing   **20071123-0042**

Reference

ISalathiso

Miss Zanele Matshotyana  
T28 Hector Petersen  
Private Bag X79  
BELLVILLE  
7535

**Dear Miss Z. Matshotyana**

**RESEARCH PROPOSAL: THE EXPERIENCES OF PARENTING LEARNERS WITH REGARD TO LEARNER PREGNANCY AND PARENTING SUPPORT PROVIDED BY A SCHOOL IN KHAYELITSHA.**

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

Principals, educators and learners are under no obligation to assist you in your investigation. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.

You make all the arrangements concerning your investigation.

Educators' programmes are not to be interrupted.

The Study is to be conducted from **10<sup>th</sup> March 2008 to 14<sup>th</sup> March 2008.**

No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December 2008).

Should you wish to extend the period of your survey, please contact Dr R. Cornelissen at the contact numbers above quoting the reference number.

A photocopy of this letter is submitted to the Principal where the intended research is to be conducted.

Your research will be limited to the following school: **Luhlaza Senior Secondary.**

A brief summary of the content, findings and recommendations is provided to the Director: Education Research.

The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Education Research**

**Western Cape Education Department  
Private Bag X9114  
CAPE TOWN  
8000**

We wish you success in your research.

Kind regards.



Signed: Ronald S. Cornelissen  
for: **HEAD: EDUCATION**  
**DATE: 26<sup>th</sup> November 2007**



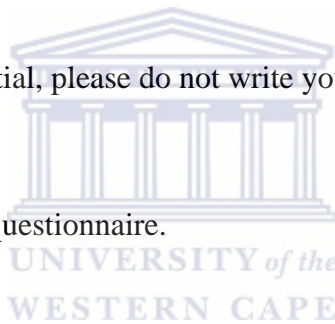
## **Appendix F**

### **Biographical questionnaire**

The purpose of this questionnaire is to obtain a full representation of your background. It is reasonable that you might be concerned about what occurs with this information because it is personal. No outsider is allowed to see your questionnaire, therefore confidentiality in all aspects will be ensured. The information will be used to investigate the needs of pregnant and parenting learners. Please answer each answer to the best of your ability.

As this information is confidential, please do not write your name on the questionnaire.

Thank you for completing the questionnaire.



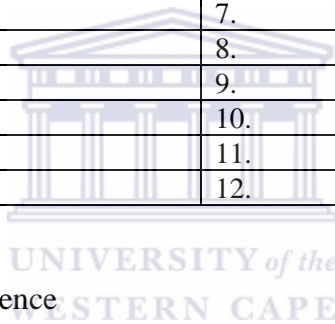
1. Please indicate your age \_\_\_\_\_

2. What is your religious affiliation? (Tick the correct box)

Christian	1
Islamic	2
Hindu	3
Other	4

3. Home Language

Xhosa	1.
Zulu	2.
Tsonga	3.
South Sotho	4.
North Sotho	5.
Swati	6.
Ndebele	7.
Tswana	8.
Venda	9.
Afrikaans	10.
English	11.
Other	12.



4. Area of Permanent Residence

Western Cape	1
Eastern Cape	2
Northern Cape	3
Orange Free State	4
Gauteng	5
Mpumalanga	6
Northern Province	7
North West Province	8
Kwa Zulu Natal	9
Other	10

5. I have enrolled in the following Grade:

8	1
9	2
10	3
11	4

6. What is the approximate monthly income of your parents/ guardians?

Less than R500	1
R501-R1000	2
R1001-R2500	3
R2501-R3500	4
R3501- and more	5

7. How many children (living children, yourself included) are there in your family?

One (self)	1
Two	2
Three	3
Four	4
Five and more	5
None	6

8. How many additional family members currently live in your household (e.g. uncles, cousins)?

One	1
Two	2
Three	3
Four	4
Five and more	5
None	6

9. Are your parents alive?

Both alive	1
Father deceased	2
Mother deceased	3
Both deceased	4

10. Who is mainly responsible for your education?

Own father and mother	1
Own father only	2
Own mother only	3
Own father and stepmother	4
Own mother and stepfather	5
Someone else	6

11. Educational level of father/stepfather/guardian.

Grade 8 or lower	1
Grade 9 to 11	2
Grade 12	3
Further than Grade 12 but not University education	4
University degree/ Postgraduate Education	5
I do not know	6

12. Educational level of mother/stepmother/guardian.

Grade 8 or lower	1
Grade 9 to 11	2
Grade 12	3
Further than Grade 12 but not University education	4
University degree/ Postgraduate Education	5
I do not know	6

13. Indicate your position in the birth-order of your family.

Eldest child	1
Second eldest	2
Third eldest	3
Fourth eldest	4
Youngest	5
Only child	6
Other	7

14. Indicate your marital status

Single	1
Married	2
Divorced	3
Widowed	4
Other	5

15. Which of the following best describe your living arrangements this term?

Living with spouse	1
Living with parents/relatives	2
Living alone	3
Cohabitation with partner of the same sex	4
Opposite sex	5
Other (specify)	6

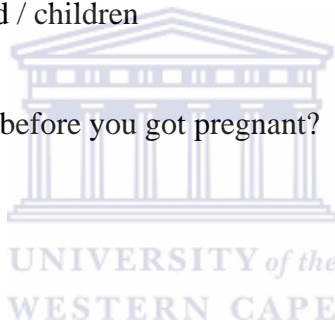
16. How many children do you have?

One	1
Two	2
More than two	3

17. Provide the ages of the child / children

18. Were you on contraception before you got pregnant?

Yes	1
No	2



19. If yes, what type of contraception?

Birth control pills	
Male condoms	
Female condoms	
Injections (depo-provera or nur-isterate)	
Diaphragm	
Voluntary sterilisation	
Withdrawal method	
Sex between the thighs	
Rhythm/ calendar method	
breastfeeding	
Morning after pills	
Loop/ cooper T	

20. Are you on contraception now?

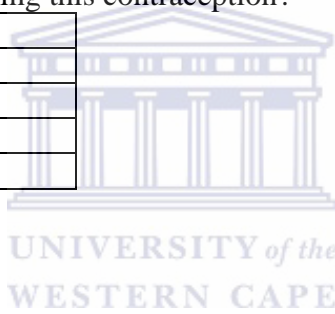
Yes	1
No	2

21. If yes, which type?

Birth control pills	
Male condoms	
Female condoms	
Injections (depo- provera or nur-isterate)	
Diaphragm	
Voluntary sterilisation	
Withdrawal method	
Sex between the thighs	
Rhythm/ calendar method	
breastfeeding	
Morning after pills	
Loop/ cooper T	

22. How long have you been using this contraception?

Less than 6 month	
More than six month	
One year	
More than a year	
Other, specify	



## Appendix G

### Interview Questionnaire

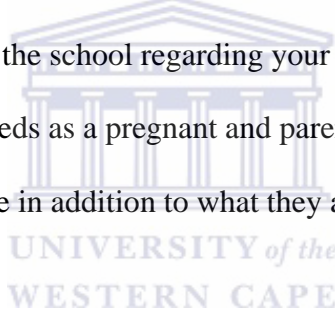
**This questionnaire is an attempt to investigate needs of parenting learners and the support provided by school. We need to know your views on the needs of pregnant and parenting learners. Please be as honest and realistic as possible in your answers. Your response will be treated in confidence.**

1. Give a description of your experience during pregnancy.
2. Give a description of your experience during birth.
3. Give a description of your experience as a parenting learner.
4. What were your needs as pregnant learner with regards to:
  - (a) Sex education?
  - (b) Learning support
  - (c) Health support
  - (d) Confidentiality
  - (e) Absenteeism
5. What are your needs as parenting learner with regards to?
  - (a) Sex education?
  - (b) Learning support
  - (c) Health support
  - (d) Confidentiality
  - (e) Absenteeism
6. Can you tell me about the challenges that you are facing as a pregnant and parenting learner?
7. How do these challenges affect you personally?
8. How do these challenges affect your studies?
9. Who is providing social support?
10. Who is providing financial support?
11. Are you are aware of your rights as pregnant and parenting learner?





12. What do you understand about your rights as pregnant and parenting learner?
13. To what extent did the support provided by the school meet your needs with regard to sex education?
14. To what extent did the support provided by the school meet your needs with regard to learning support?
15. To what extent did the support provided by the school meet your needs with regard to health support?
16. To what extent did the support provided by the school meet your needs with regard to confidentiality?
17. To what extent did the support provided by the school meet your needs with regard to absenteeism?
18. What would you suggest to the school regarding your needs as a pregnant learner?
19. What would you suggest to the school regarding your needs as a parenting learner?
20. What would satisfy your needs as a pregnant and parenting learner?
21. What can the school provide in addition to what they are already offering?



As a quick rating scale, please tell me how you would rate the support from the school in the following areas:

22. (a) Sex education

(i) Very satisfactory	1
(ii) Somewhat satisfactory	2
(iii) Neither satisfactory nor unsatisfactory	3
(iv) Somewhat unsatisfactory	4
(v) Very unsatisfactory	5

(b) Learning support

(i) Very satisfactory	1
(ii) Somewhat satisfactory	2
(iii) Neither satisfactory nor unsatisfactory	3
(iv) Somewhat unsatisfactory	4
(v) Very unsatisfactory	5

(c) Health support

(i) Very satisfactory	1
(ii) Somewhat satisfactory	2
(iii) Neither satisfactory nor unsatisfactory	3
(iv) Somewhat unsatisfactory	4
(v) Very unsatisfactory	5

(d) Confidentiality

(i) Very satisfactory	1
(ii) Somewhat satisfactory	2
(iii) Neither satisfactory nor unsatisfactory	3
(iv) Somewhat unsatisfactory	4
(v) Very unsatisfactory	5

(e) Absence

(i) Very satisfactory	1
(ii) Somewhat satisfactory	2
(iii) Neither satisfactory nor unsatisfactory	3
(iv) Somewhat unsatisfactory	4
(v) Very unsatisfactory	5

**Thank you for completing the questions. Your input will help us ensure that the needs of pregnant and parenting learners be considered within the school setting.**

## Appendix H

**This questionnaire is an attempt to investigate needs of parenting learners and the support provided by school. We need to know your views on the needs of pregnant and parenting learners. Please be as honest and realistic as possible in your answers. Your response will be treated in confidence**

### Interview with the teacher

1. How would you describe the pregnancy rate at your school?
2. From a teacher's perspective, what factors possibly contribute to the early sexual activity of teenagers?
3. What measures do you think needs to be put in place to encounter the rate of pregnancy at schools? (How do you think the school can assist to slow down the rate of T.P. – what is the role of the school in addressing this problem?)
4. Do you think our educational system needs to be restructured to curb teenage pregnancy? (How can the educational system address the problem of teenage pregnancy? \_
5. Does the school have some programmes in place for the parenting learners? Please provide some description of these
6. How do you inform these learners about these programmes?
7. To what extent do these programmes meet the needs of these learners?
8. Can you provide any suggestions on how to improve the school support system for pregnant or parenting learners?
9. Is anything you like to add?

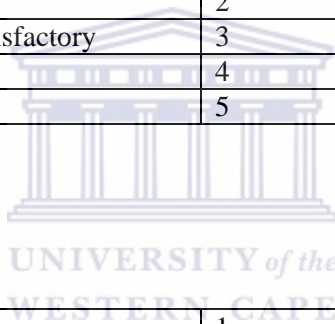
10. As a quick rating scale, please tell me how you would rate the support from the school in the following areas:

a) Sex education

(i) Very satisfactory	1
(ii) Somewhat satisfactory	2
(iii) Neither satisfactory nor unsatisfactory	3
(iv) Somewhat unsatisfactory	4
(v) Very unsatisfactory	5

(b) Learning support

(i) Very satisfactory	1
(ii) Somewhat satisfactory	2
(iii) Neither satisfactory nor unsatisfactory	3
(iv) Somewhat unsatisfactory	4
(v) Very unsatisfactory	5



(c) Health support

(i) Very satisfactory	1
(ii) Somewhat satisfactory	2
(iii) Neither satisfactory nor unsatisfactory	3
(iv) Somewhat unsatisfactory	4
(v) Very unsatisfactory	5

(d) Confidentiality

(i) Very satisfactory	1
(ii) Somewhat satisfactory	2
(iii) Neither satisfactory nor unsatisfactory	3
(iv) Somewhat unsatisfactory	4
(v) Very unsatisfactory	5

(e) Absence

(i) Very satisfactory	1
(ii) Somewhat satisfactory	2
(iii) Neither satisfactory nor unsatisfactory	3
(iv) Somewhat unsatisfactory	4
(v) Very unsatisfactory	5

**Thank you for completing the questions. Your input will help us ensure that the needs of pregnant and parenting learners be considered within the school setting.**

