

**MANAGING AND PREVENTING TEENAGE PREGNANCY AMONGST LEARNERS:
A CASE STUDY IN RURAL SCHOOLS IN THE FREE-STATE PROVINCE**

by

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TABLE OF CONTENTS

LIST OF FIGURES	viii
LIST OF TABLES	ix
LIST OF ANNEXURES	x
CHAPTER 1	1
ORIENTATION TO THE STUDY	1
1.1 INTRODUCTION TO THE STUDY	1
1.2 BACKGROUND TO THE STUDY.....	4
1.3 STATEMENT OF THE PROBLEM	7
1.4 AIMS AND OBJECTIVES OF THE STUDY	7
1.5 RESEARCH METHODOLOGY	8
1.5.1 Research approach	8
1.5.2 Population and sampling.....	8
1.5.3 Data collection techniques	9
1.5.3.1 In-depth interviews	10
1.5.3.2 Policy document analysis	11
1.5.3.3 Case study.....	11
1.6 DATA ANALYSIS, INTERPRETATION AND PRESENTATION.....	12
1.7 TRUSTWORTHINESS OF THE RESEARCH	15
1.8 RESEARCH ETHICS	16
1.9 DELIMITATION AND LIMITATIONS OF THE STUDY	16
1.10 DESCRIPTION OF THE RESEARCH PLAN AND CHAPTER OUTLINE	17
1.10.1 Chapter 1: Introduction to the study.....	17
1.10.2 Chapter 2: Literature review.....	17
1.10.3 Chapter 3: Research methodology	18

1.10.4	Chapter 4: Presentation of data analysis and discussion of findings	18
1.10.5	Chapter 5: Summary, recommendations and conclusion	18
1.11	DEFINITION OF THE KEY CONCEPTS	18
1.11.1	Preventing.....	18
1.11.2	Managing	18
1.11.3	Teenage pregnancy	19
1.11.4	Learner	19
1.12	CONCLUSION	19
CHAPTER 2	21
LITERATURE STUDY	21
2.1	INTRODUCTION	21
2.2	THE CONCEPT OF TEENAGE PREGNANCY	21
2.3	LEADING FACTORS CONTRIBUTING TO TEENAGE PREGNANCY	23
2.3.1	Introduction	23
2.3.2	Inadequate support system.....	23
2.3.3	Cultural beliefs	25
2.3.4	A lack of knowledge	25
2.3.5	Access to contraceptives	27
2.3.6	A lack of goals	27
2.3.7	Poor school performance.....	28
2.3.8	Low self-esteem.....	29
2.3.9	Being a victim of sexual abuse	29
2.3.10	Substance abuse	30
2.3.11	Summary	31
2.4	HISTORICAL TENDENCIES IN TEENAGE PREGNANCY.....	31

2.4.1	The local perspective	31
2.4.2	The international perspective	33
2.5	THEORIES RELATED TO TEENAGE PREGNANCY	34
2.5.1	Introduction	34
2.5.2	The maternal role attainment theory	34
2.5.3	Consumption and the crisis of teen pregnancy: A critical theory approach.....	36
2.5.4	The life history theory.....	37
2.5.5	Summary	39
2.6	CONSEQUENCES OF EARLY CHILDBEARING	40
2.6.1	Introduction	40
2.6.2	Health consequences	40
2.6.3	Educational consequences	43
2.6.4	Social consequences	44
2.6.5	Economic consequences	45
2.6.6	Summary	46
2.7	PREVENTING TEENAGE PREGNANCY	46
2.7.1	Introduction	46
2.7.2	Abstinence	47
2.7.3	Contraception	48
2.7.4	Support programmes	50
2.7.5	Summary	51
2.8	COMPREHENSIVE SEXUALITY EDUCATION	51
2.8.1	Introduction	51
2.8.2	Aims of comprehensive sexuality education	53
2.8.3	Objections to comprehensive sexuality education	54
2.8.4	Summary	55

2.9	CONCLUSION	56
CHAPTER 3.....	57	
RESEARCH METHODOLOGY	57	
3.1	INTRODUCTION.....	57
3.2	PURPOSE OF THE STUDY.....	57
3.3	RESEARCH QUESTIONS	58
3.4	RESEARCH OBJECTIVES	58
3.5	RESEARCH DESIGN.....	59
3.6	RESEARCH APPROACH	61
3.7	STRENGTHS AND LIMITATIONS.....	63
3.7.1	Strengths.....	63
3.7.1	Limitations.....	63
3.8	POPULATION AND SAMPLING	64
3.8.1	The study population.....	64
3.8.2	The study sample	65
3.9	INSTRUMENTATION AND DATA COLLECTION	65
3.9.1	In-depth interviews.....	66
3.9.2	Field notes	67
3.9.3	Policy document analysis.....	68
3.10	DATA ANALYSIS AND PRESENTATION OF THE RESULTS	69
3.10.1	Analysis of data	69
3.10.2	Presentation of data analysis results	72
3.11	TRUSTWORTHINESS OF THE STUDY	73
3.12	RESEARCH ETHICS	74
3.12.1	Informed consent as a dialogue.....	74
3.12.2	Confidentiality and anonymity	75
3.12.3	Privacy and empowerment	75

3.12.4	Caring and fairness.....	75
3.13	CONCLUSION	75
CHAPTER 4.....		77
DATA PRESENTATION AND INTERPRETATION.....		77
4.1	INTRODUCTION.....	77
4.2	THE RESEARCH PROCESS.....	77
4.2.1	Introduction.....	77
4.2.2	Data collection.....	78
4.2.2.1	In-depth interviews.....	78
4.2.2.2	Policy and document analysis.....	80
4.3	PARTICIPANTS' DEMOGRAPHIC DATA AND ALLOCATED CODES.....	80
4.4	PRESENTATION AND INTERPRETATION OF DATA ANALYSIS RESULTS.....	85
4.4.1	Category 1: School code of conduct and pregnancy policy .	85
4.4.2	Category 2: Leading factors of teenage pregnancy	87
4.4.3	Category 3: Low support systems at home.....	89
4.4.4	Category 4: Other available support systems for pregnant learners and learners at risk of becoming pregnant.....	91
4.4.5	Category 5: Lack of knowledge about contraception	93
4.4.6	Category 6: Poor school performance	95
4.4.7	Category 7: Being a victim of sexual abuse.....	96
4.4.8	Category 8: Sexual education and awareness.....	98
4.4.9	Category 9: Learners' awareness of the consequences of unplanned pregnancies.....	100
4.4.10	Category 10: How teenage learners' plan to deal with the situation	101

4.4.11	Category 11: The most effective age-appropriate, learner-based strategy	102
4.5	CONCLUSION	104
CHAPTER 5.....		105
SUMMARY, FINDINGS, RECOMMENDATIONS AND CONCLUSION TO THE STUDY.....		105
5.1	INTRODUCTION.....	105
5.2	SUMMARY OF THE CHAPTERS.....	105
5.3	DISCUSSION OF THE FINDINGS	107
5.3.1	Introduction	107
5.3.2	Findings with regard to sub-objective 1: Learners' awareness of the consequences of unplanned pregnancies	107
5.3.3	Findings with regard to sub-objective 2: How pregnant teenage learners in rural Free State schools plan to deal with the situation	108
5.3.4	Findings with regard to sub-objective 3: Support systems for pregnant learners in rural Free State schools.....	109
5.3.5	Findings with regard to sub-objective 4: The most effective, age-appropriate, learner-based strategy to prevent teenage pregnancies in rural Free State schools..	110
5.4	RECOMMENDATIONS BASED ON THE STUDY.....	111
5.4.1	Introduction	111
5.4.2	Recommendations with regard to sub-objective 1: Learners' awareness of the consequences of unplanned pregnancies	111
5.4.3	Recommendations with regard to sub-objective 2: How teenagers in the rural Free State plan to deal with teenage pregnancy	112

5.4.4	Recommendations with regard to the sub-objective 3: Support systems for pregnant learners in rural Free-State schools.....	113
5.4.5	Recommendations with regard to the sub-objective 4: The most effective, age-appropriate, learner-based strategy to prevent teenage pregnancies in rural Free State schools..	114
5.5	STRENGTHS AND LIMITATIONS OF THE STUDY	116
5.5.1	Positive aspects of the research process.....	116
5.5.2	Challenges experienced during the research process.	116
5.6	RECOMMENDATIONS FOR FUTURE RESEARCH	117
5.7	CONCLUSION	117
	REFERENCE LIST	119
	ANNEXURES.....	142

LIST OF FIGURES

Figure 1.1: The qualitative analytical process (Vasudevan, 2016, p.28)	14
Figure 3.1: The process of data analysis.....	70
Figure 4.1: Grade of learner participants.....	81
Figure 4.2: Number of people per learners' household	82
Figure 4.3: Age of participants	83

LIST OF TABLES

Table 4.1: Number of participants per school with allocated codes.....	84
Table 4.2: Family structure of learner participants in the study	90

LIST OF ANNEXURES

ANNEXURE A: PROOF OF REGISTRATION	144
ANNEXURE B: ETHICS APPROVAL LETTER	145
ANNEXURE C: PERMISSION TO CONDUCT RESEARCH IN SCHOOLS OF THE FREE STATE	147
ANNEXURE D: REQUEST FOR PERMISSION FROM SCHOOL	148
ANNEXURE E: REQUEST TO CONDUCT RESEARCH IN SCHOOLS OF THE FREE STATE DEPARTMENT OF EDUCATION	150
ANNEXURE F: REQUEST FOR PERMISSION FROM SCHOOL	152
ANNEXURE G: REQUESTING PARENTAL CONSENT FOR MINORS TO PARTICIPATE IN A RESEARCH PROJECT	154
ANNEXURE H: LETTER REQUESTING ASSENT FROM LEARNERS IN A SECONDARY SCHOOL TO PARTICIPATE IN A RESEARCH PROJECT.....	157
ANNEXURE I: PARTICIPANTS' CONSENT LETTER	160
ANNEXURE J: INTERVIEW SCHEDULE FOR PRINCIPALS	161
ANNEXURE K: INTERVIEW SCHEDULE FOR LEARNERS.....	164
ANNEXURE L: QUESTIONS FOR DEMOGRAPHIC INFORMATION ABOUT PRINCIPALS AND LEARNERS	167
ANNEXURE M: TRANSCRIPTION OF INTERVIEW WITH PRINCIPAL (P1A)	169
ANNEXURE N: DECLARATION	176
ANNEXURE O: ETHICS APPROVAL FORM.....	179
ANNEXURE P: TURNITIN REPORT	181
ANNEXURE Q: EDITOR'S DECLARATION.....	182

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION TO THE STUDY

Teenage or adolescent pregnancy is defined as pregnancy in a female under the age of 20 years of age. The majority of teenage pregnancies are unintended and lead to many negative outcomes for the teenage mother, the child and the family (Neal, 2015). Teenage pregnancy amongst school learners leads to many complications in school and has a huge impact on the community. It contributes, inter alia, to medical complications, worries about the future, delayed education, depression and the neglect of the baby (Kirchengast, 2016).

Teenage pregnancies, specifically amongst learners, result in many of these teenage mothers being unable to continue with schooling or any other educational programmes. This has an influence on the economy, especially in a developing country such as South Africa. Research indicates that less than 40% of teenage mothers graduate after dropping out of school (Rosenberg *et al.*, 2015; WHO, 2015). The rate of learner pregnancy in South Africa has become a major social, systemic and fiscal challenge, not only for the basic educational sector but also for the national development of the country. It affects the lives of thousands of young people, limiting their personal growth, the pursuit of rewarding careers and their ambitions, with incalculable impact on South Africa's socio-economic system (RSA, 2018).

Teenage pregnancy as a research topic is relevant because it is not only a South African problem but also a global phenomenon (Kirchengast, 2016). Although a report from Statistics South Africa (Laldas, 2018) has shown a slight decrease in the teenage pregnancy rate over the past few years, it is still a significant problem, and the consequences are enormous. Girls between the age of 15 and 19 years old account for 11% of births worldwide. A staggering 95% of these births are in low- to middle-income countries, including South Africa (Laldas, 2018). Although ample studies have been

done over the years on this topic (Willan, 2013; Mkalipi, 2013; Jonas et al, 2016), teenage pregnancies are still a major concern for a developing country such as South Africa.

Although teenage pregnancies should be prevented, schools should also provide support programmes to accommodate the needs of pregnant learners. To date, the South African (DBE) only has a draft policy, entitled the “DBE Draft National Policy on the Prevention and Management of Learner Pregnancies in Schools”, intended to decrease the number of unintended pregnancies amongst learners (DBE, 2018). This policy aims to stabilise and reduce the incidence of teenage learner pregnancy and its adverse effect on the education system (DBE, 2018). In addition, the policy seeks to address, inter alia, the high rate of teenage pregnancy amongst learners and the context within which this occurs, as well as providing options for reducing the number of unwanted pregnancies and managing the pre- and post-natal implications (Pooe, 2018).

When considering the context of the research topic in the particular study reported in this dissertation, South Africa is still a developing country, although it has a literacy rate of 93% (Farber, 2017). However, according to the United Nations Educational, Scientific and Cultural Organisation Committee (UNESCO), South Africa’s unemployment rate rose from 27.1% in the fourth quarter of 2018 to 27.6% in the first quarter of 2019 (Carvalho, 2019). This increase could be reflected by the high rate of teenage pregnancy in the country, which leads to girls dropping out of school, and thereby not reaching academic goals, which might lead to employment. Thus, decreasing the rate of teenage pregnancy will ultimately lead to a decrease in the unemployment rate, have a positive effect on the community and improve the standard of living.

Teenage pregnancy accounts for about 8 to 10% of all childbirths in the country, which is about a million deliveries per year. Almost 45% of maternal deaths in the country come from this 10% because pregnant teenagers generally delay going to clinics. They hide their pregnancy, and then there are certain complications that cannot be reversed (Franjić, 2018). Moreover, the majority of these babies face health concerns owing to a lack of non-prenatal care. Teenage pregnancy problems occur because of several risk factors, such as poor mental and physical health, as teenagers’ minds and bodies

struggle to adjust to the demands of pregnancy. One learner at the school where the researcher teaches almost died in 2018, owing to the pregnancy complications of carrying conjoined twins. She was in a coma for weeks after the babies were born, owing to high blood pressure. Moreover, as this learner's family was very poor, she was unable to seek proper medical attention before the birth of the babies.

This study aims to gather better understanding of teenage pregnancy. The study will focus on both the demographical and scientific demarcation of teenage pregnancy. According to Resnik, 2000 the demarcation problem is the question of how to distinguish between science and non-science. The researcher will focus on a young population group. Different aspects will be examined to determine differences and similarities between these teenagers and their life styles. The conclusions will help to determine the best solution to prevent teenage pregnancies amongst teenagers.

The researcher will use scientific demarcation to determine between facts and opinions. Many people have their own beliefs and opinion on teenage pregnancy, but the researcher will mainly focus on trustworthy resources to ensure the credibility of the study. The researcher will also examine previous studies relating to teenage pregnancy.

The main reason why the researcher chose the topic of teenage learner pregnancy is that it is an every-day real-life phenomenon. At the school where she teaches, on average, between four and nine learners fall pregnant every year. Some learners even have more than one pregnancy while still in school. Despite, the negative effects on the school and the community, there is little support, although a support programme might lessen the number of teenage pregnancy and ultimately lead to an improved life style for many families. The statistics indicate the disadvantages of teenage pregnancy not only to individual learners but also to the school and society, and thus the need for the study, although from a historical point of view, teenage pregnancies have always been a problem (Kirchengast, 2016).

1.2 BACKGROUND TO THE STUDY

Although many factors contribute to teenage learner pregnancy, one problem is that teenage learners are unable to deal with adult problems, yet they have no choice but face the consequences of their mistake. Moreover, teenage learner pregnancy has negative social and economic effects in that learners drop out of school and are unable to resume their education because of financial issues and having to raise a baby, which may prove difficult. In fact, some learners are too ashamed to return to school or in some cases, they have to repeat a grade owing to the time and knowledge they have missed when not attending school before and after the birth of the baby (Arshi, 2017).

An article published in the magazine “Huisgenoot”, in June 2019, highlights the negative effects of teenage pregnancy and the need to prevent it. The article centred on a young learner from a low-income family, who although she was about to become famous and improve her and her family’s life after breaking records in athletics, fell pregnant at the age of 16 years, thereby ending their dreams (Myburgh, 2019).

An alarming and shocking media report published recently made the public once again aware of the problem of teenage pregnancies (Maharaj, 2019). According to East Coast Radio Newswatch, although she was unaware that she was pregnant and in labour, a teenage learner gave birth in a school’s pit toilet. Shockingly enough, a similar incident occurred in the same week in the researcher’s hometown, when a matric learner gave birth in the bathroom at school. Sources close to this learner claim that it was the teenage learner’s second child.

As a teacher, the researcher experiences this problem on a daily basis and has observed how teenage learners who risk or experience pregnancy do not receive any support, although most schools uphold the National Education Policy Act 27 of 1996, that derives from the Constitution of South Africa, Act 108 of 1996 (RSA, 1996). This policy states clearly that all learners should be provided access to education in all instances and emphasises gender equality, dignity, privacy and confidentiality at school. This implies that particular support should also be provided to teenage learners at risk of or experiencing pregnancy.

The DBE Draft National Policy on the Prevention and Management of Learner Pregnancies in Schools (RSA, 2018) commits the basic education system and other role players to providing Comprehensive Sexuality Education (CSE), which is crucial to optimal sexual and reproductive health. The aim of CSE is to ensure that young people gain knowledge and skills to make conscious, healthy and respectful choices concerning relationships, sexuality and relationships. It also explicitly addresses issues of gender/power and provides scientifically accurate, practical information in a non-judgemental way.

According to this policy (DBE, 2018), all learners should receive age-appropriate information about sexual and reproductive health and rights (SRHR), which is rights-based, explicitly addresses issues of gender/power and facilitates critical thinking around these topics. Life Orientation (LO) and other subjects, through the provision of CSE, should contain material that is interactive, learner-centred and employs skilled-based pedagogies, delivering quality, age-appropriate sexual and reproductive health information including information about contraception (DBE, 2018). Schools must ensure that CSE is part of the curriculum and initiated as early as possible, as recommended in the LO curriculum.

The problem is that the DBE Draft National Policy on the Prevention and Management of Learner Pregnancy in Schools forces educators and the educational system to prevent pregnancies by including CSE into the curriculum but does not clearly mention the roles or responsibilities of learners' parents or legal guardians. In addition, Article 18.4 of the International Covenant on Civil and Political Rights (The Covenant) recognises that parents are primarily responsible for their child's upbringing and development; moreover, their child's best interests should be their main concern (Weed & Ericksen, 2018).

Another limitation of the above-mentioned DBE policy is that although it states clearly that the information given should be age-appropriate, learners of different ages are often in the same class because they have progressed at different rates. This means that the information might not be age-appropriate for some learners. Moreover, the current workload of teachers and the streamlined nature of the curriculum, which

educators already struggle to complete, make introducing CSE into lessons problematic. If the curriculum is to be changed to include CSE in various subjects, Life Orientation, which covers the basics of sexual behaviour and health, will become even more difficult to teach, since much of its content may have been already covered in other subjects (Smit, 2019).

Another problem is that most schools are mixed gender schools, and boys and girls might react differently to the topic of teenage pregnancy. The researcher has found when gathering learners' thoughts about teenage pregnancy, that some are anxious and reticent in sharing their perception, whilst others have various unscientific interpretations and assumptions. It was clear that the topic is complicated and sensitive; moreover, it can lead to hormone stimulation, especially in male learners. Thus, most female learners sit quietly, whilst males are very interested and want to comment.

1.3 STATEMENT OF THE PROBLEM

The sections above lead to the study's statement of the problem, which could be phrased as the following main research question:

How can teenage pregnancy be prevented and managed in rural Free State schools?

This main research question can be divided into the following sub-questions:

- Are learners in rural Free State schools aware of the consequences of unplanned pregnancies?
- How do teenage learners in rural Free State schools plan to deal with the situation after realising that they are indeed pregnant?
- Do rural Free State schools have any supporting systems in place to help and support pregnant learners, and how effective are they?
- What is the most effective, age-appropriate, learner-based strategy to prevent teenage pregnancies in rural Free State schools?

1.4 AIMS AND OBJECTIVES OF THE STUDY

The main aim or objective of the study was to manage and find ways to prevent teenage pregnancy in rural Free State schools. The sub-objectives were to

- determine whether learners in rural Free State schools are aware of the consequences of unplanned pregnancies;
- establish how teenage learners in rural Free State schools plan to deal with the situation after realising that they are indeed pregnant;
- determine whether there any supporting systems in place to help and support pregnant learners in rural Free State schools and how effective they are; and

- determine the most effective, age-appropriate, learner-based strategy to prevent teenage pregnancies in rural Free State schools.

1.5 RESEARCH METHODOLOGY

1.5.1 Research approach

Research is a process of gaining a better understanding of the complexities of human experience. The goal of research is to describe and understand a field, practice or activity (Brown & Dowling, 2001). The researcher focussed on rural schools in the Free State, a province in South Africa.

The study involved qualitative research, which is often conducted in social science research. It is a process of collecting non-numerical data from selected participants, which are analysed and interpreted to understand a phenomenon. Used in sociology for as long as the field has existed, qualitative research appeals to social scientists because it allows the researcher to investigate the meaning that people attribute to their behaviour, actions and interactions with others (Crossman, 2019).

Qualitative research is an umbrella concept that includes several research strategies (Merriam, 1998; Bogdan & Knopp Biklen, 2006), which are flexible combinations of techniques to obtain valid and reliable data of naturally occurring phenomena (McMillan & Schumacher, 2014). Qualitative research emphasises aspects of meaning, process and context: the 'why' and the 'how', rather than the 'how many' (Cohen & Manion 1994; Litoselliti, 2003). Qualitative research means that the researcher focussed on the voices of the participants when collecting data and seeking answers to the research questions.

1.5.2 Population and sampling

McMillan and Schumacher (2001, p.129) describe a population as “a group of elements or cases, whether individuals, objects or events that conform to specific criteria and to which we intend to generalise the result of the research”. In the study, the population was all the pregnant learners, learners who had already given birth and female learners

at risk of becoming pregnant in rural secondary schools in the Thabo Mofutsanyana district of the Free State.

From this target population, a sample was selected for the study, using purposeful sampling as the sampling technique. Purposeful sampling is a process whereby a researcher uses his/her own knowledge of the population to decide who will provide the best information to address the purpose of the research (McMillan & Schumacher, 2001). Purposeful sampling is also known as judgemental, selective or subjective sampling. Moreover, it is a non- probability sampling method whereby elements are selected for the sample based on the researcher's judgement (Black, 2010).

By means of purposeful sampling, participants were recruited from four selected schools in the research area. The researcher decided what needed to be known and found people who were willing to provide information by virtue of their knowledge and experience (Bernard, 2002, Lewis & Sheppard, 2006). Participants were selected according to the needs of the study, and those who did not meet the required profile were rejected. The researcher conducted in-depth interviews with one school principal and three learners (one pregnant learner, one learner with a child and one learner at risk of becoming pregnant) from each of the four selected schools. Therefore, the total sample for this study was 16 ($n=4 \times 4=16$).

A learner at risk of being pregnant was identified as being between the ages of 16 and 18 years old (grade 10 – grade 12) and in a relationship with a male learner. This age group was selected because it represented the average age of those who had fallen pregnant in the focus schools.

1.5.3 Data collection techniques

There are different qualitative data collection techniques (instruments), including interviews; policy and document analysis; observation; focus groups; narratives; notes; reports; and archive reviews. The researcher chose the most appropriate technique for answering the research questions in light of the sensitivity of the research topic, the

research sample and the availability of resources. Thus, in-depth interviews and policy/document analysis were used for data collection.

1.5.3.1 *In-depth interviews*

According to Mills (2003, p.4), “qualitative research uses narrative and descriptive approaches for data collection to understand the way things are and what they mean from the perspective of the research respondents.” The in-depth interview, which is one of the most common forms of qualitative data collection techniques, allows participants to reveal their perspectives and perceptions in detail (Ary, Jacobs & Razavieh, 2002; Flick, Von Kardoff & Steinke, 2004; Silverman, 2004). The in-depth interview is an intense experience for both parties involved, as it is a flexible, interactive and generative tool for exploring participants’ interpretation of phenomena and finding answers to research questions based on their perspectives (Ritchie & Lewis, 2003; Silverman, 2004).

In the study, the researcher used in-depth open-ended interviews to gather data whereby she made use of structured open-ended interview questions, which allowed the participants to express themselves freely, and follow-up questions that allowed them participants to elaborate their responses. In other words, the in-depth interviews were semi-structured, with the researcher using specific interview questions, which allowed for individual and open-ended responses from the participants, but also asking questions contingent on the participants’ responses (McMillan & Schumacher, 2014). The in-depth interviews focussed on the individual and provided an opportunity to address each participant personally when gathering information. The researcher chose this technique because it encouraged respondents to talk freely, and data were captured in their natural form, thereby ensuring new insights into the phenomenon (Ritchie & Lewis, 2003).

1.5.3.2 Policy document analysis

Policy document analysis involves “examining policy and policy-makers to make determinations about policy formulation, implementation of programs, revisions of policy and evaluations of policy effectiveness and efficiency” (McMillan & Schumacher, 2010, p.438). The researcher compared different schools’ policy documents with national policy documents, which dealt with learner pregnancy and CSE policy, to determine similarities and differences and the degree to which the management of teenage pregnancy at school level is in line with national policy.

On the one hand, the document analysis aimed to determine exactly what the policies prescribe for the management of teenage learner pregnancy. On the other hand, the in-depth interviews with the principals served to find out whether the policies were being implemented and whether they were successful. Both techniques were used to discover why schools appear to be unsuccessful in decreasing teenage learner pregnancy.

The researcher used sources, such as government reports as well as articles in newspapers and on social media, to gain in-depth understanding of the real-life situation and to stay up-to-date with the latest cases of teenage learner pregnancy. Document analysis, which is a systematic reviewing and evaluating of both printed and electronic material, requires data to be examined and interpreted in order to elicit meaning, gain understanding and develop empirical knowledge (Corbin & Strauss, 2008).

1.5.3.3 Case study

Case studies have been largely used in the social sciences and have been found to be especially valuable in practice-oriented fields such as education, management, and social work. For this reason, researcher has chosen to use case studies in this study. According to Sturman (1997), a case study is a general term for the exploration of an individual, group or phenomenon. Therefore, a case study is a comprehensive description of an individual case and its analysis; i.e., the characterization of the case and the events, as well as a description of the discovery process of these features that is the process of research itself (Mesec 1998, p. 45). Mesec offers a definition of a case

study within the field of social work, but it could also be applied to the field of education: A case study “is a description and analysis of an individual matter or case”. The purpose is to identify variables, structures, forms and orders of interaction between the participants in the situation. This study deals directly with individuals and their personal experience with teenage pregnancy. The study focuses on individual cases as each participant have a unique situation leading to unwanted pregnancy.

1.6 DATA ANALYSIS, INTERPRETATION AND PRESENTATION

Data analysis is the “process of making sense and meaning from the data that constitute the finding of the study” (Merriam, 1998, p.178). Therefore, data analysis is the process of making the collected information manageable by searching for recurring patterns, which are organised into categories, which become themes. The analysis allows a researcher to interpret the data and make findings in light of the research objectives and questions. These findings are then presented (explained and discussed) in the research report (Bogdam & Knopp Biklen, 1992.; Marshall & Rossman, 1999).

The data that were analysed were in the form of transcripts of the audiotaped in-depth interviews. In addition, field notes, which had allowed the researcher to record and comment on her thoughts about the setting, the respondents and activities, were analysed. Merriam (1998) as well as Ritchie and Lewis (2003) indicate that field notes have two components: (a) the descriptive component, which includes a complete description of the setting, the people, their reactions, interpersonal relationships and events; and (b) the reflective component, which includes the observer’s personal feelings or impression about the events, comments on the research method, decisions and problems.

The researcher started the data analysis by coding each category of meaning and then combining categories to form themes or modifying them to form new categories and themes (Marshall & Rossman, 1999; Seale *et al.*, 2004). The data analysis was assisted by the computer-based qualitative data analysis programme, Atlas.ti, which analysed the data and identified/synthesised patterns. Atlas.ti is a powerful tool for the qualitative analysis of large bodies of textual, graphical, audio and video data.

MacMillan and Schumacher (2014) identify the following steps for the data coding process:

- Get a sense of it all by reading through all the data collected and making notes as you read.
- Generate initial codes from the data by dividing the segments into groups and subgroups.
- Compare codes for duplication and overlapping descriptions. List the major codes, important codes and minor codes.
- Providing coded names that correspond with the data.
- Refine the coding system.

After coding, the researcher forms categories representing the major ideas that describe the meaning of coded data. Vasudevan (2016) indicates the qualitative analytical process in the following diagram:

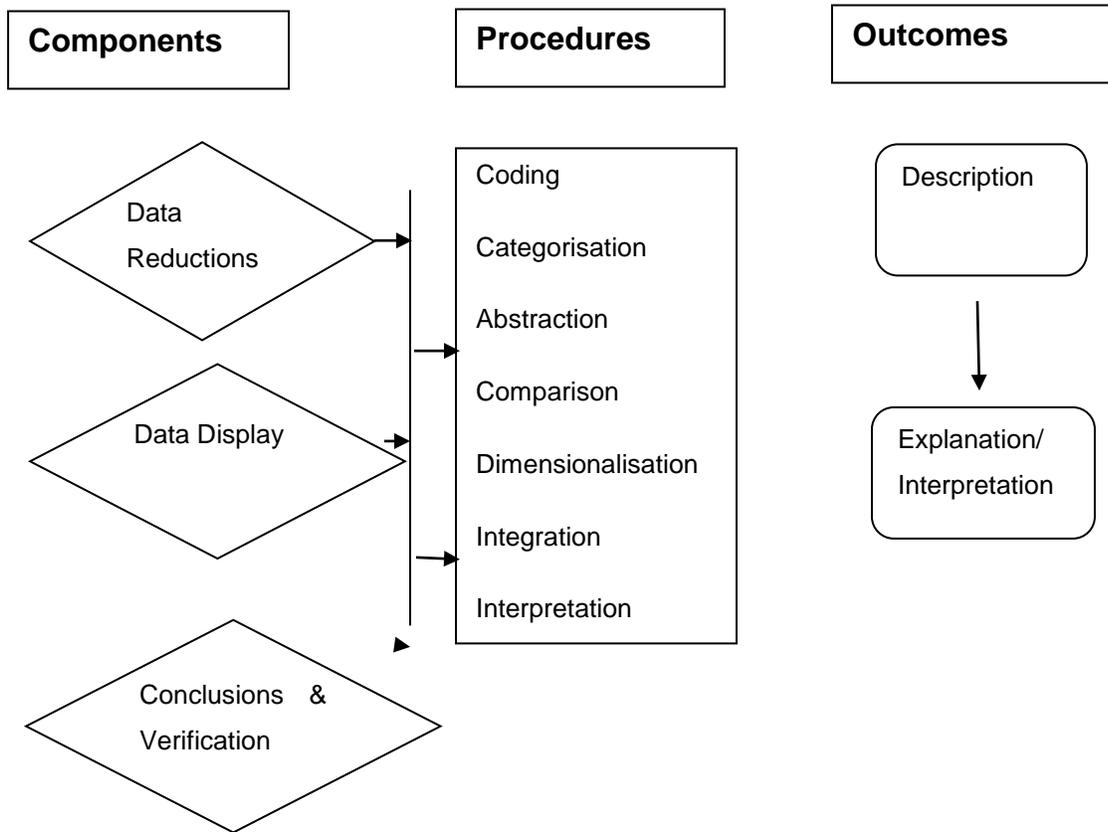


Figure 1.1: The qualitative analytical process (adapted from Vasudevan, 2016, p.28)

The first practical step in a qualitative analysis is coding, which involves identifying the fragments in a narrative that carry individual pieces of information about the participant's construction of the study. The researcher used coding to reduce the information and to extract only the information from the interviews, which were relevant to the study. The data were then categorised into groups and sub-groups according to their nature.

Unnecessary and irrelevant data were discarded, as had already been done during the transcription of the interviews, when participants may have elaborated on unimportant matters. During the data analysis, comparisons were made to find similarities, and related data were categorised together into groups and sub-groups. The notes made during the interviews contributed to drawing inferences from the data during the analysis. Thus, the data analysis process produced findings that are interpreted and presented along with quotes from the participants later in this dissertation (Vasudevan, 2016, p16).

1.7 TRUSTWORTHINESS OF THE RESEARCH

A qualitative research design should ensure credibility, transferability, dependability and confirmability. Credibility is defined as the confidence that can be placed in the truth of the research findings (Holloway & Wheeler, 2002; Macnee & McCabe, 2008). Transferability refers to the degree to which the results of qualitative research can be transferred to other contexts using different participants; it is the interpretive equivalent of generalisability (Bitsch, 2005: Tobin & Begley, 2004). According to Bitsch (2005 p.86), dependability refers to “the stability of findings over time”. Dependability involves evaluating the findings, the interpretation and recommendations of the study to ensure that they are all supported by data. Confirmability refers to the degree to which the results of an inquiry can be confirmed or corroborated by the research (Baxter & Eyles, 1997).

The researcher insured the trustworthiness of this study by using a combination of strategies to increase trustworthiness in qualitative research, as recommended by McMillian and Schumacher (2006):

- Prolonged and persistent fieldwork: interim data analysis and corroboration to ensure a match between findings and participants’ reality
- Low-inference descriptors: recording of precise, almost literal and detailed descriptions of people and situation – the researcher did not let personal bias or beliefs influence the research
- Member checking: accuracy during data collection ensured by the researcher checking with participants whether she had fully understood the interviewee’s response
- Mechanically recorded data: data captured using tape recorders, voice notes and videotapes during the interviews to ensure that participants statements were recorded and to provide accurate and relatively complete records – situational aspects that may have influenced the data recording were noted to enhance trustworthiness and make the data usable for the study

1.8 RESEARCH ETHICS

Ethics are generally considered moral principles and beliefs about what is wrong or right, proper or improper and good or bad (McMillan & Schumacher, 2001, p.196). As teenage pregnancy is a sensitive and confidential matter, the research process had to adhere to ethical standards. Thus, the following measures were taken to ensure that the rights and welfare of every participant were protected during the research procedure and thereafter.

- The researcher was always open and honest with the participants and did not mislead them (Denzin & Lincoln, 2002)
- Information obtained remained confidential at all times (Denzin & Lincoln, 2000; Seale *et al.*, 2004)
- Collecting of data was anonymous, neither identity nor names were linked to the findings (Denzin & Lincoln, 2000; McMillan & Schumacher, 2001; Ritchie & Lewis, 2003)

Before beginning the research, the researcher applied for ethical clearance from the University of South Africa Research Ethics Committee as required.

1.9 DELIMITATION AND LIMITATIONS OF THE STUDY

In many research studies, since factors, such as insufficient human resources, a lack of precision, high expenses, inadequate equipment and population dispersion, prevent researchers from studying the entire population, it is preferable to study only a part of the population (Naderifa, Goli & Ghaljaie, 2017). Therefore, the researcher decided to focus on the selected sample when determining the delimitation (boundaries) of the study. However, the chosen sampling method, (purposeful sampling), might be considered a limitation because of its vulnerability to error in judgement by the researcher, a low level of reliability, a high level of bias and an inability to generalise findings (Black, 2010).

Qualitative research has limitations, which Hamilton (2017) lists as follows:

- **Built-in bias:** An objection to qualitative research is that the quality of the research depends too greatly on the individual researcher, who might inadvertently influence the results due to personal beliefs. However, in the study, the researcher eliminated bias by using multiple people to code the data and reviewed the findings with peers to insure that personal opinion did not influence the study.
- **Challenge to repeat:** Because qualitative research is so inextricably entwined with the individual researcher, other researchers may find it challenging to repeat a qualitative study. This makes it hard to confirm or deny the results of the original study. However, in the current study, the researcher ensured validity and focused mainly on facts.
- **Time consuming:** The research process can be long and tedious. However, the researcher prepared a timeline, which was followed to ensure that time was allocated to each phase correctly.

1.10 DESCRIPTION OF THE RESEARCH PLAN AND CHAPTER OUTLINE

1.10.1 Chapter 1: Introduction to the study

This chapter has presented an introduction to the study and included aspects, such as the background of the research, the research question, the research aims, the methodology, trustworthiness and ethical issues. It concludes with the chapter outline and definitions of the key terms of the title of the dissertation.

1.10.2 Chapter 2: Literature review

Chapter 2 presents an overview of the literature on the prevention of teenage pregnancy in schools. It also focusses on the shortcoming of existing data.

1.10.3 Chapter 3: Research methodology

This chapter presents the research methodology that was followed in the study. It includes the research design used to conduct the research; the population and the sampling method; the trustworthiness; and the delimitation and limitations of the research.

1.10.4 Chapter 4: Presentation of data analysis and discussion of findings

This chapter includes the presentation of the data analysis and the discussion of the findings about the management and prevention of pregnancy amongst school learners in rural schools in the Free State.

1.10.5 Chapter 5: Summary, recommendations and conclusion

This chapter provides a summary of the study; makes recommendations based on the findings; and concludes the dissertation.

1.11 DEFINITION OF THE KEY CONCEPTS

The key terms of the title of this dissertation will now be defined.

1.11.1 Preventing

According to Hugh, Leavell and Clark (1979) preventing means keeping something from happening; action taken to prevent future accidents; for example stopping teenage pregnancy amongst school learners. Preventing means: putting measures in place to stop something from happening.

1.11.2 Managing

This term means taking charge of or caring for something; succeeding in doing, or dealing with, something difficult, e.g. handling and having direct control of teenage

pregnancy amongst school learners. Managing refers to deal with something, to be responsible for controlling something to ensure productivity and success.

1.11.3 Teenage pregnancy

This term refers to adolescent pregnancy; pregnancy in a female aged from 10 to 19 years who engages in sexual activity and becomes pregnant intentionally or unintentionally (WHO, 2004) Teenage pregnancy refers to learners becoming pregnant before they reach adulthood.

1.11.4 Learner

This is a person who is learning; e.g. children and adolescents who are still attending school. Learners refer to children and young people who are still studying. Learners are mostly youngsters who are developing their future through studying.

1.11.5 Rural school

A school in a rural area, frequently one including agriculture and vocational subjects in the curriculum. Rural schools are usually small schools situated in towns or townships.

1.12 CONCLUSION

The study aimed for a clear understanding of teenage pregnancy and the negative effects that follow. In addition, it aimed to use the research findings to develop learning material that is interactive/learner-centred, employs skilled-based pedagogies, delivers quality, age-appropriate sexual and reproductive health information and indicates ways to prevent and manage teenage learner pregnancy.

The researcher conducted qualitative research, which consisted of in-depth interviews with participants from four selected schools in the Free State area to determine possible solutions to the problem of teenage learner pregnancy. In addition, the researcher made use of school and government policies related to learner pregnancy at school level, to identify any shortcomings that might explain why there are still too many teenage

learner pregnancies. Generally, the study aimed to discover the main causes of teenage learner pregnancy and determine lawful methods of reducing unintended pregnancies and improving the educational level of girls, especially girls living in rural areas.

Permission was obtained from the Free State Education Department, Mrs Le Roux, as well as permission from the four selected schools to conduct the research. The participants and their parents read and signed the consent letters.

The next chapter will focus on a review of the literature, which provided understanding of the research topic and its delimitation. The chapter will include an objective discussion about the published literature on the prevention and management of teenage learner pregnancy. The published literature reviewed will include government and school policies, acts and other relevant literature.

CHAPTER 2

LITERATURE STUDY

2.1 INTRODUCTION

This chapter presents a review of the literature on the topic of teenage pregnancy in general and adolescent learner pregnancy in particular. The chapter will reveal what the literature has to say about the concept, the consequences and the historical tendencies of teenage pregnancy, as well as the theories about and factors contributing to this phenomenon. An overview of the literature on preventing teenage pregnancy and comprehensive sexuality education will be given. Gaps in the literature will be identified with a view to the current research contributing to the literature on the topic under study.

2.2 THE CONCEPT OF TEENAGE PREGNANCY

Teenage or adolescent pregnancy is defined as the pregnancy of a female under the age of 20 years. Most teenage pregnancies are unintended and lead to many negative outcomes for the teenage mother, the child and the family (Brady, 2016). Teenage pregnancy statistics in South Africa reveal a worrying trend. According to the South Africa Demographic and Health Survey (2016), children born to extremely young mothers stand a high risk of sickness and premature death. In 2017, about 1 million babies were born in South Africa, of which a staggering 6.8% were born to females between 10 and 17 years (Simiyu, 2019).

Teenage pregnancies are a global problem occurring in high-, middle-, and low-income countries. However, around the world, studies have shown that adolescent pregnancies are more likely to occur in marginalised communities commonly driven by poverty and a lack of education/employment opportunities (UNICEF, 2013). On 23 June 2020, South Africa's unemployment rate stood at 30.1%, which was exacerbated by the COVID-19 pandemic and strict lockdown legislation, when the economy was already in a recession (Toyana & Dludla, 2020). Unemployment affects not only a family's income but also its

mental and physical health, as well as leading to family tension, crime, boredom and poverty, which might all contribute to teenage pregnancy and unhealthy children in South Africa.

A study conducted by Udoh and Amodu (2016) showed that the prevalence of malnutrition amongst children under the age of five who were born to teenage mothers was very high. In fact, more than four out of five (83.1%) of these children were malnourished. Teenage pregnancy increases the risk of medical complications in both the mother and her baby. A lack of proper prenatal care often induces medical complications, such as high blood pressure and the premature birth of the baby. Owing to a number of factors, including a lack of finance, shame and an inadequate support system, it is not always possible for a teenage mother to go for regular prenatal check-ups, which increase the risk of medical complications. Moreover, teenage pregnancy increases the likelihood of medical complications in the baby, who may suffer from low birth-weight, blindness, deafness and respiratory problems, which in some cases will only be discovered after the child's birth (Saha, 2019).

The rate of teenage pregnancy in South Africa has become a major social, systemic and fiscal challenge, not only for the basic education sector but also for the national development of the country (Nedu, 2020). The disadvantages of this phenomenon are some of the leading causes of poverty and family instability. On 14 August 2020, the South African government reported that 118 babies had been abandoned in Gauteng public hospitals that year (Dlulane, 2020). According to the Gauteng Department of Health (2020), some of the reasons for this include teenage mothers being fearful of their parents' reaction, unwanted/unplanned pregnancy and the lack of immediate supplies of basics, such as food, clothes and toiletries for the mother and new born baby upon discharge (Dlulane, 2020). These mothers may have lacked emotional, financial and social support; thus, they were unable to care for the babies.

Adolescent school-going girls face discrimination and have to make difficult choices that have life-long consequences, not only to their own lives but also to that of their unborn babies. Becoming pregnant could lead to expulsion from home and school, isolation from friends and the community as well as an increased vulnerability to violence, abuse,

poverty and economic hardship for the teenager (UNESCO, 2017). Research conducted by Kirchengast (2016) on teenage pregnancy clearly indicates that teenagers struggle with numerous obstacles during pregnancy and after the birth of the baby, as they have to be responsible for a child while still being at a young age themselves.

2.3 LEADING FACTORS CONTRIBUTING TO TEENAGE PREGNANCY

2.3.1 Introduction

While there is only one direct cause of unintended teenage pregnancy, there are many factors contributing to it. When looking at teenage pregnancy statistics, the reasons for a teenager having sex must be addressed to get to the heart of the issue. A Westernised culture, cellular telephones, sugar daddies, a lack of family communication and social status are a few of the factors leading to the rise in unwanted adolescent pregnancies. Other factors, namely an inadequate support system, cultural beliefs, a lack of knowledge, access to contraceptives, a lack of goals, poor school performance, low self-esteem, being a victim of sexual abuse and substance abuse, will be discussed in the following sections.

2.3.2 Inadequate support system

The lack of parental support, which is often due to the high number of deaths in Africa caused by HIV/AIDS that leaves children with only one parent or none at all, leads to many teenage behaviour problems. Many of these orphans are raised by a grandmother or single parent, who may not provide adequate supervision. Because their parents leave to work in urban areas, a large number of rural children are raised by grandparents, who may not be able to offer guidance. Teen girls are more likely to become pregnant if they have limited or no guidance from their carers or parents. Moreover, when a teenager does not feel that she can talk to her parents about sex because they forbid it or they are not around, more than likely, she will turn to friends for direction on whether or not to have sex.

A lack of support at home leads to emotional problems, such as insecurity and a need for attention and acceptance, during the developing stages of life, which may cause the teenager to seek care in a sexual relationship and possible pregnancy. In addition, a lack of financial support from parents might lead to teenage girls resorting to sexual activities to earn money, which may lead to pregnancy. Moreover, girls in child-headed households may be financially vulnerable, extremely poor and unable to access social grants or sufficient health care, and thus engage in sexual relationships to access funds (Meintjes *et al.*, 2010). They may struggle to attend school or achieve academically and are vulnerable to abuse, violence and exploitation, which increases the likeliness of high levels of anxiety and stress, leading to their seeking solace in sexual relationships. In general, social risks, such as poverty and a lack of opportunities increase the likelihood of teenage pregnancies

A lack of parental communication with children about dating, relationships, contraceptives, intimacy and sexual reproductive health also increases the risk of unwanted pregnancies. In addition, teenage mothers need family support and assistance when caring for the baby. According to Willan (2013), a leading factor in a teenage mother's decision to continue with her education is family support and in particular, the support of her mother with childcare or the costs of childcare. Moreover, a lack of family support not only affects the emotional wellbeing of the pregnant teenager and new mother but also that of the unborn and newborn baby.

Social learning refers to learning from others and is a key phenomenon in the evolution of behaviour and in the origin of traditions and culture. According to the social learning theory (Lind, Ghirlanda & Enquist, 2019), social learning involves naive individuals acquiring information from and copying the actions of experienced individuals, resulting in behaviour that might have positive or negative outcomes depending on the exemplar. Children and teenagers observe their parents, caregivers and older siblings' behaviour. They see how they handle stress, treat others, handle their emotions and in the case of teenagers, how they behaved as adolescents. A risk factor for teenage pregnancy is a family history of teenage pregnancy (East, Reyes & Horn, 2007) because family

members contribute to an individual's values and attitudes towards teenage pregnancy (Akella & Jordan 2011).

In South Africa, many children are raised by single mothers, with fathers not sharing the responsibility. Studies have shown that owing to a lack of support, these children face problems, such as psychological distress; behaviour and health problems; and deviant activities, such as adolescent sexual activity and teenage pregnancy (Maldonado & Nieuwenhuis, 2019). This indicates that every child needs a supportive home, where norms are established, which ensures responsible behaviour on the part of teenagers.

2.3.3 Cultural beliefs

Culture can be identified as a world view, which includes “experiences, expressions, symbols, materials, customs, behaviour, norms, values, attitudes and beliefs created and communicated among individuals and past down from generation [to generation] as cultural traditions” (Villa *et al.* 1993). In certain cultures, teenage pregnancy is accepted and even welcomed (Kirby, 2002; Melby, 2006), which influences the teenager's attitude towards teenage pregnancy and behaviour. In cultures where teenage pregnancy is unacceptable and shameful, adolescents are more likely to avoid pregnancy, and if it does occur, either the pregnancy is terminated or the child is raised by someone else, possibly in the family.

Early pregnancy seldom leads to marriage in some African cultures, and the acceptance or rejection of paternity, which is determined by the father's family, plays a critical role in determining the respectability of a women and her child. If paternity is accepted, social and financial commitment is offered to the child and respect to the mother and her family.

2.3.4 A lack of knowledge

Teenagers who are uneducated about sex, reproduction and the use of contraception are more likely to have an unintended pregnancy. However, even if they are taught to memorise the facts, they need to understand fully understand the biological and

emotional aspects implications of having sex at a young age. As stated by Albert Einstein, “Any fool can know. The point is to understand” (Quotefancy, 2021).

Adolescents may be misinformed by friends, videos or relatives, and thus are unable to make informed and responsible decisions about whether or not to engage in sexual activity. Peers, in particular, influence teenagers negatively or positively (Hutchison, 2013; Vaughn, DeLisi & Matto, 2014).

Not only does the teenage girl need to be educated about sexuality and pregnancy but adolescent males also need to understand the biological, psychological, educational and socioeconomic implications of early sexual activity (Amoo, Igbino, Imhonopi, 2017). Focusing only on girls when preventing and managing teenage pregnancy would be an ineffective strategy, as many boys lack understanding and are influenced by peer pressure to engage in sexual activities. Sexuality education for male and female learners is one of the strategies for empowering adolescents to make informed decisions and to reduce the number of unwanted pregnancies and their life-changing consequences (Presler-Marshall & Jones, 2012).

According to Moore and Rosenthal (2006), to some teenagers, pregnancy is not accidental or unwanted but having a baby is a planned and deliberate choice. For these teenagers, the decision to become a mother is often influenced by social factors, such as having a mother who had her own first child earlier than average, having friends who are themselves young mothers and being in a stable relationship. However, the level of adolescent mental/social development and rational thinking suggests that they may not be mature enough to make life-changing decisions, such as becoming a pregnant and raising a baby (Sawyer *et al.*, 2012; Boyce, 2013).

The neural connections that remain after blossoming and pruning during adolescence are the ones most actively used but not necessarily the ones that are the healthiest or the most protective for the developmental trajectory (Fuhrmann, Knoll & Blakemore, 2015). The brain’s growth during this period is primarily dependent on experience, and as noted above, the brain does not reach maturity until the mid-twenties. The significant changes in the adolescent brain, combined with its ability to adapt connections in

response to environmental conditions, positions adolescence both as a heightened period of risk and, importantly, as a time of opportunity because neural networks are not yet fully robust and efficiently connected in adolescents, who are still physically and emotionally maturing into adulthood (Siegel, 2013). Thus, making the decision to become parents may seem like a good idea but is, in fact, irrational. However, if adolescents receive the correct guidance and support, they will make informed decisions.

2.3.5 Access to contraceptives

Despite the relatively easy availability of condoms, teenagers report negative responses from nursing staff when accessing contraceptives. Moreover, they might be reluctant to buy or ask for them for fear of being labelled as promiscuous (engaging in sexual activity frequently with different partners). Unplanned sexual activities and not using contraceptives often lead to unwanted teenage pregnancies (Brown & Guthrie, 2010).

Artz, Hoffman-Wanderer and Moulton (2012) note the stigmatisation of teenage sex as a significant barrier to accessing contraceptives: “*Asking for contraceptives is seen as a public admission of sexual activity, which is frowned upon by nurses*” (Artz et al., 2012, p.15).

There are many barriers when it comes to the use of contraception. Different taboos restrict the use of birth control, and the literature indicates that many young women believe that it can lead to infertility or other health problems, which prevent them from using it. Knowledge about and access to contraception are shaped by the surrounding socioeconomic and cultural environment (Moshia, Ruben, & Kakoko, 2013; StudyDriver.com. 2019).

2.3.6 A lack of goals

A lack of goals means that teenagers do not consider the negative consequences of pregnancy for their educational and socioeconomic future. Setting goals means mapping the future, which Grade 10 learners do by choosing subjects that will

determine their career path. This does not mean that they cannot change their minds later on, but the foundation has been laid. However, teenagers who lose sight of those goals may make irresponsible decisions by engaging in sexual activities and falling pregnant may make their achievement less possible.

Teenagers who set goals have a higher self-esteem, creativity and dreams for the future. However, teenagers living in rural areas may see secondary education as useless because they need to work young for financial reasons, and employment opportunities involve unskilled labour, especially in the agriculture industry. Boys and some girls in those areas tend to leave school to work on a farm nearby, for low wages. Thus, the lack of school attendance leads to an increase in teenage pregnancy and poverty (Yadufashije, Sangano & Samuel, 2017).

2.3.7 Poor school performance

Adolescents who have no formal education or a low level of education, or are not enrolled in school, have a higher likelihood of becoming pregnant at a young age (Gomes, Oliveira & Moura, 2008; Omar *et al.*, 2010). In addition, adolescents who attend public schools are more likely to be pregnant than learners attending private schools (Moron-Duarte *et al.*, 2014). A possible reason for this is that disadvantaged students attend public schools. Learners who perform badly in school and do not find satisfaction in their schoolwork are more likely to seek something that does interest them, such as sexual activity, which leads to teenage pregnancy. Moreover, some girls who perform badly in school may see pregnancy as a way to escape school.

Young people who perform well at school are connected to the school and activities, such as sports and drama; their families; and other institutions in the community, which means they are less likely to be involved in sexual relationships (Kirby, 2007). Learners, who achieve well at school, whether academically or in sports, are less likely to engage in activities that negatively affect their goals and achievements. These learners are kept busy and focussed on healthy pursuits, which lessens the chance of sexual activity and teenage pregnancy. Research has shown that a higher level of educational achievement is a protective factor in pregnancy (Gupta & Mahy, 2003; Sahoo, 2011).

2.3.8 Low self-esteem

Self-esteem is the set of positive or negative evaluations of individuals about their own selves (Körük, 2017). Growing up as a teenager is associated with many challenges that might affect self-esteem, such as peer pressure, identity crises and parental/school expectations. These challenges take place in the context of the individual adolescent's self-evaluation. A low self-esteem might lead a teenage girl to engage in sexual activity to gain acceptance and attempt to evaluate herself more positively.

According to the International Council for Self-Esteem, there is a close relationship between teenage pregnancy and self-esteem. The Council emphasises that teenage girls should be motivated to see themselves as confident, strong and smart to help delay sexual activities and prevent teenage pregnancies (Silva-Viteri & Flores-Cuero, 2014).

2.3.9 Being a victim of sexual abuse

South Africa is a violent society and the rate of sexual abuse in South Africa is amongst the highest in the world. According to the South African Police Service (SAPS) Crime Statistics 2018/2019, there were 24 387 sexual offences against children in South Africa during that period, and these numbers reflected only the reported cases (Mafolo & Nicolson, 2019). This means that the number of victims was higher, and many of them might have been teenagers who were likely to have engaged in future sexual activity.

Studies have shown that a large number of adolescent mothers report a history of past sexual and physical abuse (Francisco *et al.*, 2008). Children who have been abused are more likely to engage in risky sexual activity and substance abuse, as well as developing mental/physical health problems (Tyler, 2002; Noll *et al.*, 2007; Bentley & Wisdom, 2009), which undermine their capacity to succeed in school, find employment and maintain healthy relationships.

Children living without one or both parents are ten times more likely to be sexually abused than children who are living with both biological parents. Moreover, children who live with a single parent who has a live-in partner are most at risk: twenty times more

likely to be victims of sexual abuse (Sedlak *et al.*, 2010). As mentioned above, many South African children and adolescents are not raised by their parents or are in the care of only parents, which increases their risk of sexual abuse and, ultimately, teenage sexual activity resulting in pregnancy (Blinn-Pike *et al.*, 2002).

2.3.10 Substance abuse

Adolescents under the influence of alcohol are likely to engage in sexual activity and even risky sexual behaviour, such as multiple sex partners. This may lead to unintended pregnancy, sexually transmitted infections and sexual violence (Brown, Maggs & McGue. 2008). Under the influence of alcohol, people lose their inhibitions, forget norms and make reckless decisions. Researchers have singled out accidents, crime, violence and risky sexual behaviour as consequences of alcohol abuse.

Adolescent abuse of alcohol and other substances negatively affects self-management (Morojele, Parry & Brook, 2009), although alcohol is one of the most common psychoactive substances used by adolescents and one of the most common addictions. When alcohol enters the brain, it immediately interacts with neurotransmitters, which are a series of electrical connections in the brain that send messages to the body. This affects a person's mood, awareness and perception, for example, and prevents his/her mind and body from functioning normally (Lohr, 2005; Gilpin & Koob, 2008; Zahr, Kaufman & Harper, 2011).

Many teenagers do not have the mental capacity to understand the effects of alcohol and other substance abuse fully. Apart from the effects mentioned above, delayed physical development and even brain damage can be consequences of substance abuse. According to the Centers for Disease Control and Prevention (2018), underage drinking may have harmful effects on cognitive development, as the brain continues to mature into a person's early 20s, and excessive drinking in the teenage years may cause lasting cognitive deficits and alter brain development.

Car crashes and sexual assaults are very common problems associated with alcohol abuse. The Centers for Disease Control and Prevention (2012) report that drivers

between the ages of 16 and 20 are 17 times more likely to die in a car accident when their blood alcohol concentration is 0.08% or above. Thus, substance abuse may not only lead to sexual activity and pregnancy, but it may also affect the life of the pregnant teenager in the ways mentioned above. Smoking cigarettes is another form of substance abuse and a leading factor contributing to problems for the baby and the mother-to-be during pregnancy, at birth and after delivery (Masoumi *et al.*, 2017).

2.3.11 Summary

The complex and varied factors contributing to teenage pregnancy require multifaceted interventions. Examining the leading factors of teenage pregnancy provided the researcher with insight into the phenomenon that would be investigated in the context of school-going teenagers in rural South Africa to find answers to the research questions and achieve the research objectives. The multiple factors described above contributing to teenage pregnancies helped the researcher to find ways to prevent and manage teenage learner pregnancy.

2.4 HISTORICAL TENDENCIES IN TEENAGE PREGNANCY

2.4.1 The local perspective

South Africa's fertility rates have been dropping since the 1960s and have continued to decrease, with the sharpest decline in the 1980s. This fertility transition is driven partly by higher education levels and a declining marriage rate (Burger & Rossouw, 2012). In addition, teenage childbearing has declined since the 1980s and has continued to decline since 1994 (Jewkes, Morrell & Christofides, 2009). According to Statistics South Africa (2003-2019) General Household Survey 2002-2018 (cited in Hall, 2019), the recorded fertility rate amongst 15 to 19-year-old girls was estimated at 78 per 1000 in 1996, dropping to 71 in 2016. However, despite the decrease, teenage pregnancy remains a problem. Even though many interventions have been implemented in South Africa to influence adolescent sexual behaviour, their focus is generally the prevention of HIV rather than pregnancy itself (Harrison *et al.*, 2016).

South Africa is often referred to as having a youthful population. In fact, youth (aged 18–34 years) constitutes almost a third of the population (17.84 million) in South Africa, with 9.04 million males and 8.80 million females (Statistics South Africa, 2019). Therefore, investing in health, especially reproductive health, and the promotion of healthy lifestyles amongst young people should be encouraged, as it will lead to the growth and prosperity of the country.

Over the past decade, many interventions have been designed to increase knowledge about the causes and effects of teenage pregnancy and to support teenagers dealing with early pregnancies. According to Panday *et al.* (2009), these interventions include the following:

- Flexible school policies, which allow pregnant learners to continue with their education and limit the impact of the pregnancy on their educational development
- School-based sexuality education – curriculum based programmes implemented in schools to teach learners about sexual and reproductive health as well as childhood sexual and physical abuse to raise awareness, teach children from a young age about their rights and help them to distinguish between right and wrong behaviour

These interventions may not be enough, as indicated by Flanagan *et al.* (2013, p.28), who state the following:

It seems apparent that teenagers in South Africa have good basic knowledge but there appear to be significant gaps and inaccuracies in this knowledge ... despite high levels of basic knowledge a lot more work still needs to be done to ensure comprehensive knowledge about contraceptives.

In order to prevent and manage teenage pregnancy, there is a need for a multi-stakeholder/sectoral approach, which should include key partners in schools; hospitals and clinics; traditional leaders; community based organisations; families and caregivers; the community; and government (Mueller, 2017).

2.4.2 The international perspective

From an international point of view, teenage pregnancies are nothing new. In Europe, teenage motherhood was considered normal and often socially acceptable in previous centuries, when girls married young, gave birth during adolescence and fulfilled the role as wife and mother. However, pregnancy in girls under 15 years of age was rare, and the female sexual activity of girls was mainly related to marriage.

Since the 1950s, in developed countries worldwide, teenage pregnancy has attracted a great deal of international attention from different sources, including religious leaders, the public, policymakers, and social. The continuing apprehension about teenage pregnancy is due to its profound impact on the lives of the girls and their families. Demographic studies report that although female access to and success in higher education have increased since the 1960s and 1970s, teenage pregnancy is still a problem disrupting education and increasing poverty, globally. Moreover, although girls today, who have greater economic and educational opportunities, are less likely to have children in their teenage years, teenage pregnancy is still a worldwide phenomenon (Klugman *et al.* 2015). Thus, despite the relatively low teenage pregnancy rate and the tendency of society to discourage teenage motherhood, teenage pregnancy is considered a public health problem and a societal challenge (Kirchengast, 2016).

Although these are developing countries in Africa, according to De La Torre (2020), the following three countries had the highest teenage pregnancy rates in 2020 according to a list of the 15 countries with the highest teenage pregnancy rate in the world, in 2020.

The Central African Republic, with 229 pregnancies per 1000 teenagers and a teenage pregnancy rate of over 45% was the first on the list. Its gross domestic product (GDP) was the second lowest in the world; and its child marriage rate was the second highest

Mozambique, with 194 pregnancies per 1000 teenagers was second on the list. Adolescent pregnancy is closely associated with child marriage and a major contributor to the high levels of maternal mortality in the country

Chad, with 179 teenage pregnancies per 1000 teenagers was third on the list. Children under 18 make up 57% of the country's population of 11.3 million population, and it has the third highest rate of child marriage in the world (68%). One in three girls from both wealthy and poor households are married before the age of 15, which indicates that the number of adolescents below 15 will increase by more than 1 million by 2030, unless urgent action is taken (De La Torre, 2020)

The literature reveals that teenage pregnancy is not only a South African problem but is also a challenge in other developing countries and in the developed world. Thus, because of the ubiquitous nature of the problem, it makes sense that various theories have been developed.

2.5 THEORIES RELATED TO TEENAGE PREGNANCY

2.5.1 Introduction

According to Stewart and Klein (2016), theories can be applied during many stages of quantitative, qualitative and mixed methods research, providing a rationale for a study; defining the aim and research questions; considering the methodological stance; developing data collection and generation tools; and providing a framework for data analysis and interpretation. Theories are used to develop research ideas and to connect new ideas with existing knowledge. Theories relating to the current study, which investigated the prevention and management of teenage learner pregnancy, are discussed below.

2.5.2 The maternal role attainment theory

Mercer's maternal role attainment theory was explained in the 2004 article, entitled "Becoming a Mother", which focussed on the bond between a mother and her child that fosters competency, confidence and joy in the role of motherhood (Howard & Stratton, 2021). The following are four global nursing concepts that Mercer (cited in Meighan, 2010) includes in her model:

- The first concept is human being, which Mercer describes as a person seeing him/herself in terms of an individual self and separate from other roles. Thus, a mother should focus on her maternal self with self-confidence and self-esteem, which would contribute to successful motherhood and involve values and morals playing a role in the way that problems are handled.
- The next concept is environment. Many changes and influences outside the family affect how the maternal role is played, which should be accommodated.
- The third concept is health. Mercer defines health in terms of the mother and father's health history and its relationship with future children. Thus, when bringing a child into the world, parents need to consider their current health, lifestyle and their health history, which all affect the child's health.
- The last concept is nursing, which is an important part of the maternity and promotes/maintains growth and well-being in the mother and child, while educating *families* about what should be done before, during and after the childbirth. Nursing plays a crucial role in the outcome of childbirth owing to the education given to the mother and families.

The concepts of Ramona Mercer's theory of maternal role attainment address aspects of the maternal role, which are affected by several factors. The theory provides nurses with a framework to guide not only mothers but also their families in ensuring successful motherhood. Mercer (2006, p. 650) stated the following in this regard:

Although guidelines, printed handouts, and educational materials are important, they cannot replace a nurse's dialogue with the mother that leads to identifying and understanding her concerns. Nurses are in a unique position to have long-term positive effects on mothers during this transition.

The maternal role attainment theory was developed to serve as a framework for nurses to provide appropriate health care interventions for new mothers, which would ensure the development of a strong maternal identity. This framework could be used throughout

pregnancy and postnatal care. The process used in this nursing model helps the mother develop an attachment to the infant, which in turn helps the infant form a bond with the mother. This helps develop the mother-child relationship as the infant grows. However, many factors influence the development of any relationship between teenage mothers and their babies. For example, some teenagers abandon their babies, and thus they are never part of the child's life. Other babies are raised by grandmothers or other family members because the teenage mother might return to school.

Mercer studied the needs of breastfeeding mothers, adolescent mothers, mothers with postpartum disorders and the responses of fathers to stress and complications due to childbearing. Her guidelines could help young mothers who do not initiate breastfeeding for various reasons, such as babies having difficulty latching onto or sucking the breast, incorrect positioning of the baby and pain, and those who manage to breastfeed but not for long (Divney *et al.* 2016). The researcher strongly believes that teenagers need to be supported by health professionals to breastfeed successfully, which is in line with Mercer's guidelines for nurses offering pre- and post-pregnancy care to mothers.

2.5.3 Consumption and the crisis of teen pregnancy: A critical theory approach

Wright and Shapiro's (1992) article entitled "The Consumption and the Crisis of Teen Pregnancy: A Critical Theory Approach" describes their study of role of consumption (use of material goods and services) during the transition into motherhood. In the course of their theory, they found an even more important issue, which shifted the focus of their study from an interpretive study of consumption during pregnancy to a critical examination of the material needs of teen mothers. This shift followed the critical theory methodology of Murray and Ozanne (1991).

Wright and Shapiro's (1992) article describes how their study led to the theory that teenage mothers, who need material goods in preparation for the upcoming birth and baby, receive it the least because of a lack of economic and social support. In addition, their study's findings revealed that teenage mothers are half as likely as the rest of the teenage population to graduate from high school. In addition, if married, they are three times more likely to be divorced or separated than couples who married in their 20s.

The study also suggested that teen mothers are unlikely to breastfeed their babies, as they do not feel it is important, they feel uncomfortable with large breasts, and they often rely on others to tend to the children while they work or go to school. In other words, the facets of the theory explained in Wright and Shapiro's (1991) articles referred to concrete and practical problems of teenage pregnancy.

2.5.4 The life history theory

The life history theory was originally developed in the 1950s but was developed by Stearns (1992) to explain how evolution enables organisms to survive and reproduce despite environmental challenges. The theory addresses topics, such as organism size, the age of maturation, the number of offspring and life spans (Hochberg, 2011). According to Vitzthum (2008), the theory provides analytical framework for studying the diversity of strategies used by different organisms to survive and reproduce, as well as the causes and results of the variation in their life cycles (Flatt & Heyland, 2011).

It is a theory of biological evolution that seeks to explain aspects of organisms' anatomy and behaviour in terms of their life histories, including their reproductive and post-reproductive development/behaviour, as well as their lifespan, which have been shaped by natural selection. Natural selection can be defined as the process whereby organisms well adapted to their environment tend to survive and produce more offspring.

A life history strategy is the age-/stage-specific patterns (Vitzthum, 2008) and the timing of events that make up an organism's life, such as birth, weaning, maturation and death (Ahlström, 2011). These patterns and events, notably juvenile development, the age of sexual maturity, first reproduction, the total number of offspring, the level of parental investment, senescence and death all depend on the physical and ecological environment of the organism.

The life history theory has provided new perspectives on aspects of human reproductive behaviour, such as the relationship between income and fertility (Sinding, 2009), which is the association between monetary gain and the tendency to produce offspring. There

is generally an inverse correlation between income and the total fertility rate on a national level. In other words, the higher the degree of education and GDP per capita of a human population, sub-population or social stratum, the fewer are the children born in a developed nation (Sinding, 2009). As mentioned above, teenage pregnancy is much higher in developing countries when compared to developed countries.

According to the life history theory, life cycles can be divided into two major stages: the growth and reproduction stages, which cannot take place at the same time. Once reproduction has begun, growth usually ends, which can affect aspects of an organism's life, such as the organisation of its group or its social interactions (Bolger, 2012; Preston, Kringelbach & Knutson, 2014).

An essential component of studying life history strategies is identifying the trade-offs or choices that any given organism makes. Energy use in life history strategies is regulated by thermodynamics, the conservation of energy (Ahlström, 2011) and the inherent scarcity of resources (Preston *et al.*, 2014). Therefore, organisms cannot invest in all tasks at the same time. Thus, they must choose between tasks, such as growth, reproduction and survival, (Preston *et al.*, 2014), prioritising some and not others. For example, there is a trade-off between maximising body size and maximising lifespan, or between maximizing offspring size and maximizing offspring number (Stearns, 1976; Hochberg, 2011), which is sometimes seen as a choice between quantity and quality of offspring (Hill & Kaplan, 1999).

According to Hill and Kaplan (1999) as well as Preston *et al.* (2014), one significant trade-off is between somatic effort (towards the growth and maintenance of the body) and reproductive effort (towards producing offspring). Since an organism cannot produce enough energy to complete these tasks simultaneously, there is a period when energy is spent only on growth, followed by a period when it is focused on reproduction, creating a separation of the two in the life cycle (Ahlström, 2011). Thus, the end of the period of growth marks the beginning of the period of reproduction.

Another fundamental trade-off associated with reproduction is between mating effort and parenting effort. If an organism is focused on raising its offspring, it cannot devote

energy to pursuing a mate (Preston *et al.*, 2014). Another trade-off may be between adolescent pregnancy and raising a baby, on the one hand, and education, financial wealth and a social life, on the other, which has to be negotiated. In other words, pregnant teenagers may drop out of school, thereby sacrificing future employment opportunities, and have limited contact with friends once she has motherhood responsibilities. Another trade-off that needs to be negotiated is between teenage pregnancy and being a mother, on the one hand, and health and economic security, on the other. In other words, by choosing to fall pregnant and have a baby, the adolescent might struggle financially, and her health as well as that of the baby might be at risk because of the inability to afford healthy food and access adequate medical care.

Another important trade-off in the dedication of resources to breeding has to do with predation risk: organisms that have to deal with an increased risk of predation often invest less in breeding. This is because it is not worth investing in breeding when the benefit is uncertain (Dillon & Conway, 2018). This links directly to the current study in that the teenage pregnancy rate has declined in developed countries where education and prosperity have increased.

2.5.5 Summary

The theories discussed above provide understanding about the topic of the study, which is to prevent and manage teenage pregnancy in rural areas of the Free State and indicate a possible framework for answering the research questions.

The maternal role attainment theory is of relevance to the study, as it emphasises the importance of the role of nurses during and after pregnancy. As mentioned above, one of the leading causes of teenagers not using contraceptives is the negative attitude of health services when they try to access birth control.

Wright and Shapiro's (1992) article proposes a theory that explains the challenges facing teenagers when transitioning to motherhood. The high expenses and financial challenges that accompany teenage pregnancies indicated by the theory correspond

with the negative effects of teenage pregnancy that the current study aimed to investigate.

The life history theory provides new perspectives on many aspects of human reproductive behaviour, such as the relationship between poverty and fertility (Sinding, 2013). The theory provides an understanding of the trade-offs between reproductive effort and educational/socioeconomic growth negotiated by pregnant school-going teenagers, which the study aimed to investigate when researching the prevention and management of teenage learner pregnancy in the rural Free State.

2.6 CONSEQUENCES OF EARLY CHILDBEARING

2.6.1 Introduction

The term “consequence” implies the effect, result or outcome of something occurring earlier (Oxford English Dictionary, 2010). The term “childbearing” refers to the process of conceiving, being pregnant with, and giving birth to children (Merriam-Webster Dictionary, 2020). According to the literature, one of the main consequences of early childbearing is educational underachievement (Ashcraft, Fernandez-Val & Lang 2013; Lee; 2010), which leads to unemployment and no income (Chevalier & Viitanen, 2003). Teenage pregnancy has been described as a self-perpetuating cycle, meaning that early childbirth in one generation increases the likelihood that the next generation will comprise adolescent mothers (Ferraro *et al.*, 2013). However, other consequences of early childbearing are also commonly discussed in the literature, as indicated in the following sections.

2.6.2 Health consequences

According to the World Health Organisation (20148), the leading cause of death for 15-19-year-old females globally is pregnancy and childbirth complications. Teenagers are three times more likely to die from childbirth complications than older women are because they have not yet reached full physical and psychological maturity (Malema,

2000). According to the Centers for Disease Control (2017), almost half of all sexually transmitted diseases reported each year are amongst young people aged between 15 and 24 years, clearly indicating a health risk for childbearing adolescents. In addition, teenagers who carry their pregnancy to term are more likely than their counterparts to experience delivery complications, such as, inter alia, obstructed labour, eclampsia, vesico-vaginal fistula and post-hemorrhage (Malema, 2000).

Apart from health consequences, Tylee *et al.*'s (2007) study demonstrated various barriers facing pregnant adolescents and teenage mothers when trying to access health services, which include the following:

- **Availability:** A lack of primary healthcare services, restrictive laws and policies preventing adolescents from accessing certain services without adult supervision
- **Accessibility:** A lack of convenience; long travelling distance; inconvenient opening hours; costs; and poor knowledge of services being offered
- **Acceptability:** A lack of trust and confidentiality on the part of health workers; judgemental attitude in staff members; and poor quality of health services

The literature indicates that teenage parents are more likely to be unemployed, live in poverty and give birth to low-weight babies, owing to malnutrition during pregnancy (Gaille, 2016). Moreover, these babies will be exposed to malnutrition after they are born. Scientific evidence has shown that beyond the age of two to three years, the effects of chronic malnutrition on children are irreversible. Therefore, to break the intergeneration transmission of poverty and malnutrition, at-risk children must be helped during their first two years of life. Child malnutrition affects the child's life in the long term in numerous ways, such as not reaching their optimum size as adults (which results in less physical capacity for work), undeveloped brains (which results in lower IQs), and a greater risk of infection (which is a main cause of infant death around the world) (Tette, Sifah & Nartey, 2015).

Adolescence represents a period of vulnerability for mental health, with almost 50% of mental health conditions occurring by the age of 14 years and 75% by the age of 24

years (World Health Organisation 2014; 2017). Thus, throughout adolescence, young people undergo both physical and psychological changes, which might not only affect the mental and physical health of a pregnant teenager or adolescent mother but also her educational/socioeconomic development and, ultimately, that of country.

Abortion is another major health concern in teenage pregnancies. According to Gouws, Kruger and Burger (2008), abortion is the termination of pregnancy before the foetus is able to live outside the uterus. As some pregnant teenagers do not want to keep their babies, they decide to abort them. Abortion in South Africa is legal according to the Choice on Termination of Pregnancy Act 92 of 1996 (RSA, 1996c), but there are some teenagers that may not have easy access to legal abortion clinics because of factors, such as a lack of finances, shame or a desire to hide their pregnancy. These teenagers have to face unsafe backstreet abortions performed by unqualified doctors and without the necessary medical equipment. Some girls carry babies to term and then simply abandon them in hospitals, open fields or other convenient places (Mueller & Sherr, 2009).

At a conference on abortion and reproductive justice in Makhanda in 2018, the Department of Social Development announced that between 52% and 58% of the estimated 260,000 abortions that take place in South Africa every year are illegal (Stevens, 2020). The Guttmacher Institute (a research and policy organisation) estimates that 50% of abortions in South Africa take place in settings not regulated by the health sector (Jeranji, 2020). According to Yokoe *et al.* (2019), backstreet abortions lead to the following risks and problems:

- **Physical risk:** Infections, internal bleeding; future miscarriages; future premature deliveries and low weight babies; ectopic pregnancies; placental complications; and sterility
- **Psychological problems:** Depression, anger; fear of punishment; nightmares; preoccupied with the baby's birthday or age; grief and regret; thwarted maternal instincts; loss of interest in sexual activities or even suicide

Teenage pregnancy cannot be addressed without addressing all the health, educational and socioeconomic risks.

2.6.3 Educational consequences

Education is crucial to the development of young people, as it prepares them for the work world and adult life. According to South Africa legislation such as the Constitution (RSA, 1996a) and the South African Schools Act 84 of 1996 (RSA, 1996b), pregnant girls may not be denied access to education. In terms of Article 9(3) of the Constitution of the RSA (RSA, 1996a), the state may not discriminate, whether directly or indirectly, against anyone on one or more grounds, including race, gender, sexual inclination and pregnancy. Every child, irrespective of colour and creed, has the right to education.

In 2007, the DoE released the policy document “Measures for the Prevention and Management of Learner Pregnancy” (DoE, 2007) with guidelines advocating the right of pregnant school-going girls to continue their education. These guidelines suggest a two-year waiting period before the girl returns to school in the interest of the rights of the child (DoE, 2007). This automatically leads to more school dropouts owing to time and interest in school lost while staying at home and raising a child.

Hallman and Grant (2003) maintain that for every year that passes after pregnancy related school dropout, young women are significantly less likely to return to school or any other educational system. The few that do return to school struggle to balance motherhood with the demands of schooling and have to make up the time and school work lost during their absence. Young adults from 20 to 29 years of age who give birth as teenagers are less likely to hold a high school or general education diploma, compared to their counterparts who have not. In their study Lantos and Manlove (2018), showed that 53% of young women who give birth as teenagers receive a high school diploma, compared with 90% of those who have not (Lantos & Manlove, 2018).

School attendance is affected by teenage pregnancy, owing to the challenges facing girls before and after the delivery. During the pregnancy, learners are often absent not only because of pregnancy discomfort and health complications but also owing to the

social stigma of teenage pregnancy (DoE, 2007). Pregnant teenagers have to face their peers and members of the school community who judge them and often do not offer the support that they need, which also contributes to their absenteeism and poor academic performance. Many learners who were performing well academically before the pregnancy become average or even underachievers once they are pregnant. Research has shown that learners have to return to school as soon as possible following the birth of the baby, because even relatively short interruptions affect their education (Panday *et al.*, 2009; Morrell, Bhana & Shefer, 2012).

Although there are many factors contributing to school dropout, such as the inability to pay school fees, poverty and poor academic performance, pregnancy is directly associated with it for the reasons mentioned above. Moreover, inadequate implementation of the above-mentioned 2007 DoE policy contributes to not all pregnant teenagers attending school or teenage mothers returning to or remaining in the education system. Disregard of the policy might result in the suspension or expulsion of pregnant learners; failure to provide child-caring alternatives; poor support from peers and the school environment; and poor academic performance (Cassell, 2002).

A qualitative study in the Tembisa Township of Gauteng found that the majority of teenage mothers had to repeat grades after childbearing (Nkosi, 2015). Childcare responsibilities were cited as the primary reason for repeating grades because they had been habitually absent from school during their pregnancies and after birth. Moreover, apart from the physical strain that the pregnancy has on young girls, they are also faced with emotional challenges, as they are subjected to continuous public shame, humiliation and bullying at school due to the discrimination shown by fellow learners and educators (Bhana & Ngabaza, 2012). To become productive within and beyond the school, learners need the school to have a positive mind set about their pregnancy and motherhood along with social awareness and responsibility (Divney *et al.* 2016).

2.6.4 Social consequences

The social consequences of teenage pregnancy might not be negative, as the age old practice where pregnant teenagers were sent away to live with relatives has been

phased out by their now remaining in their homes, choosing to raise their child and continuing to attend school (Wieman *et al.*, 2005). This can lead to the community viewing pregnancy in school-going teenagers as ordinary and acceptable.

Research conducted by Ku, Pleck and Sonenstein (1993), discovered community factors that influence individual behaviour, such as social norms and local values, which may be strongly entrenched if they have prevailed over a few generations. For example, a female teenager growing up in a community with a high level of teenage pregnancies or single-mother households may experience social acceptance. Therefore, she may be more inclined to have an early pregnancy, not thinking that this might jeopardise her future and that the father might not be part of the child's life.

According to Ku, Pleck and Sonenstein (1993), individuals might respond to the socioeconomic conditions of their community. For example, teenagers in rural areas, where there are only low-skilled jobs available, may not see the need for high school education, and thus are not concerned about falling pregnant and dropping out of school. It is clear that people adapt and learn from each other, and teenagers who come from a community that is goal-orientated (education, career or sports) are less likely to have behaviour problems and are more successful in the future (Belle, 2017).

2.6.5 Economic consequences

Owing to starting a family at a young age, which might grow significantly, and a lack of education, the wages of teenage mothers are not adequate (Berglas, Brindis & Cohen, 2003; Hoffman, 2006). In addition, the disruption that pregnancy inflicts on the education of teenage mothers both exacerbates and maintains poverty, particularly in South Africa. These mothers are also more likely to depend on child welfare for a longer period than educated mothers, indicating that they do not have much money at their disposal. Moreover, children and babies may experience poverty when left in rural areas to be raised by grandmothers, who in most cases, rely on social grants, which do not ensure enough income to provide for their grandchildren, especially babies. Although social grants have been praised as one of the government's most successful anti-poverty interventions (Coetzee, 2014), the R430 child support grant received from the

government is not enough to cover the high costs of raising a baby. Many debates have been conducted about this matter because of the high cost of essential baby products, formula and food (Ndlovo, 2018).

Although all South Africans have the right to free maternity treatment during pregnancy and postnatal care after the baby is born, pregnancy incurs other financial costs, such as pregnancy-related (larger) clothing, pregnancy nutrition and a healthy diet, amongst others (Simiyu, 2019). Moreover, with inadequate social grants and an inability to attain and retain employment, owing to a lack of education and family obligations, teenage mothers and their children are more likely to live in poverty and have limited access to housing and healthcare (Young *et al.*, 2004). This leads to limited economic productivity and tax revenue, which in turn reduces economic development and prosperity (Basch, 2011).

2.6.6 Summary

As the literature clearly indicates that teenage learner pregnancy has health, educational and socioeconomic consequences, the researcher will attempt to discover more about the phenomenon by reviewing the literature on the historical tendencies of teenage pregnancy.

2.7 PREVENTING TEENAGE PREGNANCY

2.7.1 Introduction

Many young girls who fall pregnant have to face the challenges of motherhood, which many teenagers are not prepared to handle. Thus, when young girls and boys reach sexual maturity, they need to be informed how to prevent an undesired teenage pregnancy. However, not only are pregnancy and bearing/raising a child life-changing for a teenager but complications negatively affecting the health of the girl and the baby can also have a life-altering impact.

High rates of spontaneous abortions, preterm delivery and low birth weight of the baby are reported in adolescent girls, compared to older women aged between 20 and 29 years of age, which make teenage pregnancy inadvisable (Perez-Lopez *et al.*, 2011). Complications during pregnancy lead to twice as many deaths in adolescent girls compared to adult women. Undesired pregnancies can induce tremendous psychological stress in a young girl due to financial difficulties, lifestyle adjustments and changes in family dynamics.

Owing to the many negative effects of teenage pregnancy, interventions need to be launched worldwide to prevent it (Perez-Lopez *et al.* 2011). The identification of the risk factors mentioned above, should form the basis of effective prevention strategies that should be developed according to particular contexts. Moreover, apart from educating adolescents about their sexuality and the human reproductive system, they should be encouraged to be abstinent, use contraception and take advantage of support programmes.

2.7.2 Abstinence

There are many methods to prevent teenage pregnancies, but only abstinence from sexual activity and sterilisation prevent pregnancies 100%. With sterilisation not being an option, since teenagers are still young and want to have children when they are older, not engaging in sexual activities is the best method of preventing unwanted pregnancies. However, many teenagers, who are starting to feel romantic love and develop passionate feelings of attraction, easily find themselves in a relationship.

As hormonal activity is at its peak, and teenagers are driven by impulse and desire, they engage in sexual practices without considering the consequences. Therefore, they need to be encouraged to realise that they should wait and that abstinence is a sure way to prevent a teenage pregnancy (Goycoolea, 2020). However, contraception is a way to prevent it, about which teenagers should be informed, despite it not being entirely safe.

2.7.3 Contraception

Birth control, also known as contraception and fertility control, is a method or device used to prevent unwanted pregnancy (MedicineNet, 2012). The growing use of contraception methods has resulted in not only improvements in health related outcomes, such as reduced maternal mortality and infant mortality (Ahmed, *Liu & Tsui*, 2012; Bhutta *et al.*, 2014) but also in educational and economic outcomes for teenage girls (Canning & Schultz, 2012).

Trussell *et al.* (2018) have identified the following methods of contraception:

- **Levonorgestrel intrauterine system (LNG IUD):** The LNG IUD is a small T-shaped device like the Copper T IUD. It is placed inside the uterus by a doctor. It releases a small amount of progestin each day to prevent pregnancy. The LNG IUD stays in the uterus for up to 3 to 6 years, depending on the device. Typical use failure rate: 0.1-0.4%.
- **Copper T intrauterine device (IUD):** This IUD is a small device that is T-shaped. A doctor places it inside the uterus to prevent pregnancy. It can stay in the uterus for up to 10 years. Typical use failure rate: 0.8%.
- **Implant:** The implant is a single, thin rod that is inserted under the skin of a women's upper arm. The rod contains a progestin that is released into the body over 3 years. Typical use failure rate: 0.1%.
- **Injection:** Women get shots of the hormone progestin in the buttocks or arm every three months. Typical use failure rate: 4%.
- **Combined oral contraceptive:** Known as "the pill," the combined oral contraceptive contains the hormones oestrogen and progestin. It is prescribed by a doctor. A pill is taken at the same time every day. Typical use failure rate: 7%.
- **Progestin only pill:** Unlike the combined pill, the progestin-only pill only has one hormone, progestin, instead of both oestrogen and progestin. It is prescribed by a doctor. It is taken at the same time every day. Typical use failure rate: 7%.

- **Patch:** This skin patch is worn on the lower abdomen, buttocks, or upper body. This method is prescribed by a doctor. It releases the hormones progesterin and oestrogen into the bloodstream. Typical use failure rate: 7%.
- **Diaphragm or cervical cap:** Each of these barrier methods is placed inside the vagina to cover the cervix to block sperm. The diaphragm is shaped like a shallow cup. The cervical cap is a thimble-shaped cup. Before sexual intercourse, you insert them with spermicide to block or kill sperm. Doctors should be consulted for a proper fitting because diaphragms and cervical caps come in different sizes. Typical use failure rate for the diaphragm: 17%.
- **Sponge:** The contraceptive sponge, which contains spermicide, is placed in the vagina where it fits over the cervix. The sponge works for up to 24 hours. Typical use failure rate: 14% for women who have never had a baby and 27% for women who have had a baby.
- **Male condom:** Worn by the man, a male condom keeps sperm from getting into a woman's body. Latex condoms, the most common type, help prevent pregnancy, HIV and other STDs. Condoms can only be used once and are inexpensive, cost effective and easily available. Typical use failure rate: 13%.
- **Female condom:** Worn by the woman, the female condom helps keeps sperm from getting into the body. It is packaged with a lubricant, is available at drug stores and may help prevent STDs. Typical use failure rate: 21%,
- **Fertility awareness-based methods:** Understanding the monthly fertility pattern can help in planning to become pregnant or avoid becoming pregnant. A fertility pattern is the number of days in the month when a female is fertile, days when she is infertile, and days when fertility is unlikely, but possible. With a regular menstrual cycle, the female has about nine or more fertile days each month. To avoid pregnancy, no intercourse should take place on fertile days, or a barrier method of birth control should be used on those days. Typical use failure rate: 2-23%.

There are many side effects, such as headaches, weight gain, mood changes and nausea, which prevent women from using contraception. Teenagers are also too ashamed to ask their parents or medical professionals for advice on birth control methods, which can be expensive. There is a need for more research on how to successfully market condoms and encourage their use, using digital media marketing strategies that appeal to a young adult audience (Evans *et al.*, 2019). Data indicate that more teens now use contraception when they have sex, but still too many fail to use the most effective methods, or use them incorrectly or inconsistently, resulting in ill-timed or unwanted pregnancies. Even informed teenagers may have trouble accessing contraceptives (Brody, 2018).

2.7.4 Support programmes

One of the main reasons for young girls and boys having sex is peer pressure. Similarly, to drinking or smoking, many teenagers feel pressured to follow their friends' habits for fear of missing out or being teased. However, if support programmes, which provide information about preventing pregnancy, the negative influence of the peer group, may be lessened.

Fernandes-Alcantara (2018) lists four programmes aimed at preventing teenage pregnancy:

- Teen Pregnancy Prevention (TPP)
- Personal Responsibility Education Program (PREP)
- Title V Sexual Risk Avoidance Education,
- Sexual Risk Avoidance Education

These four programmes serve vulnerable young people during and after school, in schools, community centres or other settings. Grantors include states, non-profit organisations and other entities. The programmes prepare youth for adulthood by providing information about healthy relationships; adolescent development; financial

literacy; parent-child communication; educational and career success; and healthy life skills.

2.7.5 Summary

The literature on the above pregnancy prevention strategies provided the researcher with a background to the investigation of such strategies implemented in schools included in the study and of support from local health clinics. Teenagers need to be guided and supported to ensure that they are aware of the consequences of unprotected sexual behaviour. Access to support programmes will encourage responsible behaviour and knowledge of the different types of contraception available, which will prevent teenage pregnancy.

2.8 COMPREHENSIVE SEXUALITY EDUCATION

2.8.1 Introduction

Comprehensive sexuality education (CSE) aims to give students the knowledge, attitudes, skills and values to make appropriate, informed and healthy choices in their sexual lives (UNESCO, 2018). CSE education ultimately promotes sexual abstinence as the safest sexual choice for young people. Knowledge of this sound method for reducing the number of unplanned and unwanted teenage learner pregnancies, underpinned the study described in this dissertation, which aimed to find the most appropriate methods that enable adolescents to reduce their possibilities of becoming pregnant.

CSE needs to be given in a supportive and learner-centred environment. Teachers at school should play an active role in constructing the tasks and questions that help students to coordinate their work and frame their ideas in terms that reflect the modes of inquiry in the discipline. These efforts support the development of social, cognitive and academic skills while also developing student agency and the ability to reflect on and evaluate ideas (Darling-Hammond *et al.*, 2020). Warm, caring, supportive student-

teacher relationships, as well as other child–adult relationships, are linked to better school performance and engagement, greater emotional regulation, social competence and willingness to take on challenges (Osher *et al.*, 2018).

Building strong relationships between educators and learners will contribute to better communication and will enable educators to identify learners at risk of teenage pregnancies. Learners need to be empowered with knowledge to enable them not only to perform well in class, but also to be able to be responsible for their own health and social actions. Schools should offer educative and restorative behaviour support that teaches students skills, which enable positive behaviours and encourage them to take responsibility for their actions.

The science of learning and development (Darling-Hammond *et al.*, 2020), suggest the following principles for practice in schools:

- School and classroom structures should be designed to create and support strong attachments and positive, long-term relationships amongst adults and children that provide both academic and social-emotional support for cultivating developmentally-appropriate skills, emotional security, resilience, and student agency
- Schools and classrooms should be developed as physically and psychologically safe, personalised learning communities, where students feel they belong, and teachers engage in practices that help them know their students well so that they can respond to children’s specific needs; interests; readiness for learning; and opportunities for growth
- School practices should be designed to strengthen relational trust and promote cultural competence amongst educators, school staff, and families to provide deeper knowledge regarding children and greater alignment between the home and school

As learners spend a great deal of their life at school, school and classroom structures should be designed to create and support strong attachments and positive, long-term

relationships amongst adults and children, which provide both academic and social-emotional support.

2.8.2 Aims of comprehensive sexuality education

South Africa has the highest number of people living with HIV in the world at 7.7 million people (UNAIDS, 2017). With HIV prevalence amongst young women nearly four times greater than of men their age and teenage births that remain unacceptably high, the DoE seeks strategies, such as the CSE, to improve young people's lives and living standards. The core aims of the CSE and the new structured lesson plans for schools are to help learners build an understanding of concepts, content, values and attitude around sexuality, sexual behaviour as well as leading safe and healthier lives. In fact, the DBE has developed a comprehensive curriculum that seeks to address real world challenges and issues faced by learners.

The revised CSE Guidelines adopt a positive approach to sexuality, recognising that CSE goes beyond education about reproduction, risks and diseases (UNESCO, 2018). It aims to strengthen the teaching of sexual and reproductive health in schools by supplying teachers and learners with learning and teaching support material (LTSM) that is designed to aid teachers and learners in addressing topics in a systematic manner.

Education, including CSE, is the medium by which an individual achieves success in his/her life, in society and in the world, and it lays the foundation for the individual's personality (Kumar, 2017). CSE, in particular, is important to young people's health and well-being because it covers a range of topics throughout student's grade levels. It helps young people to avoid negative health consequences, such as HIV/AIDS, STDs and teenage pregnancy. It teaches young people the skills that they need to protect themselves and to be able to make responsible decisions for their own sexual health. However, school counsellors also could play a fundamental role in ensuring the CSE of all students, including those most vulnerable and at risk of dropping out of school, by providing them with the guidance needed by each individual to complete their education (American School Counsellor Association, 2015).

CSE could be based on a system of support for students, which could take many forms, including a multi-tiered system, an integrated system of services and extended learning opportunities for everyone. School support systems must aim to remove barriers influencing school success by reaching all students with the kind of support they need.

Students and families must be connected to services that promote the holistic development of children's physical and mental health, as well as needed opportunities to learn, as these capacities are vital to social and academic success (Cantor *et al.*, 2019). The researcher aimed to investigate whether schools have such a support system when providing sexuality education aimed at preventing teenage learner pregnancy in particular.

2.8.3 Objections to comprehensive sexuality education

One of the main concerns about sexual health programmes in a school context is the lack of training for teachers, who often do not have the skills and knowledge required to tackle this task (Rooth, 2005; Helleve *et al.*, 2009; Mukoma *et al.*, 2009). Teaching and talking about sexuality with learners often involves a great deal of anxiety, as some educators are concerned about encouraging sexual activities amongst the youth, are frightened of parents accusing them of it, or they feel it is inappropriate for them to talk about these matters to young learners (Jewkes, 2009).

The new proposed CSE curriculum made numerous headlines and had parents, educators and unions in an uproar. Many concerns were raised about the extent to which young children would be exposed to the topic of sexuality in the classrooms. The president of the SA Trade Union (SAOU), (Head, 2019, p.1) called the content "grossly insensitive" and called for a boycott by teachers who objected to the new CSE curriculum.

Michael Swan, the Executive Director of Freedom of Religion South Africa, referred to the new curriculum of 2020 as nothing less than soft porn when he stated the following:

Having seen the actual content, parents and teachers have every reason to be very concerned – particularly as some of the content to which children will be

exposed and teachers will be expected to teach, is nothing less than 'soft porn'
(Head, 2019, p 1).

Uncertainty always raises concerns and doubts, especially when adjustments or changes are made in sensitive areas like sexuality education. Some people feel that the CSE goes against their culture or religion, or that it is the parents' role and responsibility to teach their children about sexuality. Nevertheless, in spite of all the objections, the main objective of the new CSE is to improve the lives of the children and youth in South Africa.

Despite the objections to the government's new interventions in the Life Orientation curriculum, awareness has been raised of the need to educate young people about sexuality and self-protection. The government made an informed decision, which will benefit the young women and children who are victims of sexual or physical abuse, in particular. Educating adolescents from a young age will empower them to make responsible choices in relationships, which could reduce teenage learner pregnancy.

2.8.4 Summary

- The above section examined the aims of and objections to the new South African CSE curriculum that was introduced by the DoE between 2018 and 2020. In light of this information, the researcher sought to find the best possible solution to promote sexual education in the classroom by means of the empirical study. Cantor *et al.* (2018) indicate that effective learning is ensured by the following :
- Learners are free from anxiety, fear or worry about matters outside the classroom
- Learning is related to previous knowledge and experience
- Learners are active participants
- Learners feel that the learning content is relevant
- Learning leads to understanding and problem-solving abilities

2.9 CONCLUSION

The review of the literature provided understanding of the concept, the consequences and the historical tendencies of teenage pregnancy, as well as the theories about and factors contributing to this phenomenon. This overview led to insight into what may need to be addressed to enable teenage learners to protect themselves from pregnancy. The information gleaned from the literature generally indicated that educational support might empower school-going teenagers to delay sexual activity and childbirth to ensure the realisation of educational and socioeconomic goals.

The next chapter will provide an overview of the research methodology that includes aspects, such as the research design used to conduct the research; the research population and sampling; trustworthiness; the limitations and the delimitations of the study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter 2 presented an overview of the research literature on the concept, the consequences, historical tendencies, theories, causes and prevention of teenage pregnancy. The knowledge gleaned from the literature provided the researcher with a background for the study on the prevention and management of teenage learner pregnancy.

In this chapter, before describing the research methodology (the way the study was carried out) of the study, the researcher will once again explain the purpose of the study, the research questions and objectives. Thereafter, the chapter will explain the research design, approach and population. Moreover, the chapter will explain sampling; instrumentation and data collection; data analysis and presentation; trustworthiness and research ethics.

3.2 PURPOSE OF THE STUDY

The study intended to investigate how teenage learner pregnancy can be prevented and managed in the province of the Free State because many teenage mothers do not continue with their schooling or any other educational programmes, which has an impact on the economy, especially in a developing country such as South Africa.

In particular, the study aimed to discover how education could contribute to the prevention and management of teenage learner by interviewing and observing selected participants. In addition, the study examined the codes of conducts and pregnancy policies of selected schools as well as national policy. Thus, the researcher planned to recommend ways in which learners can be educated to protect themselves against the impact of teenage pregnancies and empowered to complete their education. The

implementation of these recommendations might lead to schools addressing identified shortcomings.

3.3 RESEARCH QUESTIONS

The main research question was as follows: **How can teenage pregnancy be prevented and managed in rural Free State schools?** This main research question was divided into the following sub-questions:

- Are learners in rural Free State schools aware of the consequences of unplanned pregnancies?
- How do teenage learners in rural Free State schools plan to deal with the situation after realising that they are indeed pregnant?
- Are there any supporting systems in place to help and support pregnant learners in rural Free State schools, and how effective are these supporting systems?
- What will be the most effective, age-appropriate, learner based strategy to prevent teenage pregnancies in rural Free State schools?

3.4 RESEARCH OBJECTIVES

The main objective of the study was to find ways to manage and prevent teenage pregnancy in Free State rural schools. The sub-objectives were to

- determine whether learners in rural Free State schools are aware of the consequences of unplanned pregnancies;
- establish how teenage learners in rural Free State schools plan to deal with the situation after realising that they are indeed pregnant;
- determine whether there any supporting systems in place to help and support pregnant learners in rural Free State schools and whether they are effective; and

- determine the most effective, age-appropriate, learner-based strategy to prevent teenage pregnancies in rural Free State schools.

3.5 RESEARCH DESIGN

The design of a research study begins with the selection of a topic and a paradigm. A paradigm is essentially a worldview, a whole framework of beliefs, values and methods within which research takes place. According to Lincoln and Guba (1985), a paradigm comprises four elements, namely, epistemology, ontology, methodology and axiology. It is important to have a firm understanding of these elements because they comprise the basic assumptions, beliefs, norms and values that each paradigm holds. Therefore, research will uphold, and be guided by the assumptions, beliefs, norms and values of the chosen paradigm.

A research design is intended to provide an appropriate framework for the methodology of a study. A research design depends on various interrelated decisions about the research approach, methods, techniques and ethical requirements (Aaker, George & Kumar, 2000). The research design for conducting the study was as follow:

- The researcher conducted a qualitative case study to collect data, which were then processed and evaluated.
- The selection of participants selected for the study represented the population of all pregnant teenage learners, learners who had already given birth, learners at risk of becoming pregnant, principals or school governing body (SGB) members in rural secondary schools in the Thabo Mofutsanyana district of the Free State.
- The selection of participants were drawn from the population, using purposeful sampling, was the principal or a SGB member and three learners (one pregnant learner, one learner with a child and one learner at risk of becoming pregnant) from each of four selected schools.
- The researcher conducted semi-structured, in-depth interviews.

- Open-ended questions were asked during these interviews.
- The interviewees freely and openly responded to the interview questions.
- The researcher made use of recordings and transcribed the interviews within 24 hours to ensure the trustworthiness of the data.
- The researcher analysed the data to make recommendations about how schools can prevent and manage teenage learner pregnancy.
- The researcher adhered to ethical requirements when collecting and analysing the data.

3.6 RESEARCH APPROACH

Creswell (2008) maintains that all research is determined by a particular approach when collecting and analysing information to increase understanding of a topic or issue. For example, research might follow a quantitative or qualitative approach when posing a question, collecting data to answer it and presenting the answer. In the current study, a qualitative research approach was adopted for the research. McMillan and Schumacher (2001) regard a qualitative approach as useful for educational research because it leads to valuable information that can inform educational knowledge and principles as well as discussion and decision-making about educational policy.

A qualitative research approach involves particular strategies (Merriam, 1998; Bogdan & Knopp Biklen, 2006), which are flexible combinations of techniques to obtain valid and reliable data. In the study, the selected techniques aimed for in-depth understanding of the participants' thoughts and behaviour. This involved mostly open-ended questioning during interviews, which enhanced the quality of the data and insights generated from them.

The qualitative approach is used in social science research that collects non-numerical data for gaining insights about the target population. Qualitative research has been used in sociology for as long as the field has existed and appeals to social scientists because it allows the investigation of the meaning that people attribute to their behaviour and interaction with others (Crossman, 2019). Qualitative research makes use of words and explores situations using a variety of methods, until the researcher fully understands the phenomenon under study.

The qualitative approach emphasises aspects of meaning, process and context: the 'why' and the 'how', rather than the 'how many' (Cohen & Manion, 1994; Litoselliti, 2003). Moreover, it allows for the gathering of data on natural occurring phenomena (McMillan & Schumacher, 2014). Thus, the researcher focussed on the voices of the participants when collecting data, which led to finding answers to the research questions by observing and interviewing principals and learners during the normal course of their day.

According to MacMillan and Schumacher (2014), there are nine characteristics of a qualitative approach:

- **Natural settings:** Behaviour is studied in the natural setting as it occurs. The natural setting of the study was Free State rural schools, where there are a large number of teenage learner pregnancies.
- **Context sensitivity:** The context in which the behaviour occurs should be considered by the researcher.
- **Direct data collection:** The researcher must collect data directly from the source, either as an observer or interviewer, or by studying documents and artefacts. The researcher should spend a substantial amount of time with the interviewees.
- **Rich narrative descriptions:** Detailed descriptions should be provided by the researcher to ensure in-depth understanding of participants' behaviour.
- **Process orientation:** Qualitative researchers should want to know how and why behaviour occurs.
- **Inductive data analysis:** Data are gathered and analysed. The findings are then synthesised to generate generalisations (theories) inductively.
- **Participant perspectives:** Qualitative researchers focus on describing and understanding participants' viewpoints.
- **Emergent design:** The design changes as the study takes place.
- **Complexity of understanding and explanations:** Understandings and explanations are complex, with multiple perspectives.

These characteristics ensured the study's collection of information-rich data to find strategies that schools can implement to prevent and manage teenage learner pregnancy.

3.7 STRENGTHS AND LIMITATIONS

3.7.1 Strengths

- Qualitative research approach produces detailed description of participants' feelings, experiences and opinions it also interprets the meanings of their actions (Denzin, 1989).
- The flexibility of purposive sampling allows researchers to save time and money while they are collecting data.
- The purpose of this design is to give researchers an opportunity to develop as much insight as they possibly can under observation or examination.
- Qualitative research design has a flexible structure as the design can be constructed and reconstructed to a greater extent (Maxwell, 2012) as needed in the study.
- Qualitative research methods such as participant-observation, unstructured interviews, direct observation, describing records are most commonly used for collecting data (Cohen, Manion, & Morrison, 2011).
- During the data collection, the researchers interact with the participants directly and individually which makes it more personal. Consequently, data collection is subjective and detailed. The study of Rumsey, Thiessen, Buchan and Daly (2016) deployed the face-to-face and telephone interview techniques of data collection, and elicited the feelings, perceptions, and views.

3.7.2 Limitations

- Silverman (2010) argues that qualitative research approaches sometimes leave out contextual sensitivities, and focus more on meanings and experiences.
- Purposive sampling is highly prone to researcher bias no matter what type of method is being used to collect data. The idea that a sample is created in the first

place relies on the judgment of the researcher, as well as their personal interpretation of the data. When the judgments are either poorly considered or ill-conceived, then this problem becomes a significant disadvantage that can influence the final results.

- Although total population sampling is one of the purposive methods that researchers can use when collecting data, this process is at its most effective when there are a limited number of individuals or units who possess the specific traits that are being studied.
- In terms of research method, smaller sample size raises the issue of generalizability to the whole population of the research (Harry & Lipsky, 2014; Thompson, 2011).

To address the limitations in this study, the researcher will re-examine all the advantages and limitations linked to qualitative research design and purposeful sampling. The researcher will not only focus on meaning and experience and will also address contextual sensitivity. The researcher will eliminate bias and will only focus on the data collected. The study will not use total population sampling and will focus on the selected participants.

3.8 POPULATION AND SAMPLING

3.8.1 The study population

McMillan and Schumacher (2014, p.129) describe a population as *“a group of elements or cases, whether individuals, objects or events, that conform to specific criteria and to which we intend to generalise the result of the research”*. In the study, the population was all pregnant learners, learners who already had given birth, learners at risk of becoming pregnant and principals or school governing board (SGB) members of rural secondary schools in the Thabo Mofutsanyana district of the Free State.

Owing to the large number of teenage pregnancies, the many that remain unreported and the constantly changing numbers, it is not possible to study the entire population. Therefore, a small proportion or sample is drawn from the target population for the gathering of data (Best & Kahn, 2006).

3.8.2 The study sample

The sample was selected for the study, using the technique of purposeful sampling, which is widely used in qualitative research to identify information-rich cases (Patton, 2002). In purposeful sampling, the researcher uses his/her own knowledge of the population to decide which subjects might provide the most appropriate information to address the purpose of the research (McMillan & Schumacher, 2010). Purposeful sampling, also known as judgemental, selected or subjective sampling, is a non-probability sampling method whereby elements are selected from the population based on the researcher's judgement (Black, 2010).

In the study, the sample was the principal or a SGB member and three learners (one pregnant learner, one learner with a child and one learner at risk of becoming pregnant) from each of four selected schools. Therefore, the total sample for the study was 16 ($n=4 \times 4=16$).

A learner at risk was identified according to the following criterion: A learners between the age of 16 and 18 years (grades 10-12) who is in a relationship with a male learner. This age group was selected because it has the highest pregnancy rate in the focus schools.

3.9 INSTRUMENTATION AND DATA COLLECTION

Different research instruments (techniques) for collecting data include interviews, observation, focus groups, narratives, notes, reports and archive reviews. The researcher chooses instruments according to the type of questions, the sensitivity of the subject, the research sample and availability of resources. The following sections explain instruments used to collect data in the current study.

3.9.1 In-depth interviews

The in-depth interview, which is used in many qualitative studies, is a straightforward technique of gathering detailed data about a particular phenomenon. Moreover, during an interview, the researcher, who conducts the interview while observing and taking notes, becomes an instrument too. According to Helfferich (2019), a good interviewer must have the following skills: technical and interactive (attention and steering) competence; the ability to communicate theory; and competency in dealing with previous knowledge and personal bias.

The in-depth interview focuses on the individual and provides an opportunity to address each participant personally to gain the information needed for a study. The researcher chose the in-depth interview as a research technique because it leads to detailed information and in-depth understanding, encourages respondents to talk freely, captures data in their natural form and helps the researcher to generate new knowledge about the phenomenon under study (Lewis & Ritchie, 2003).

During an in-depth interview, the participant is considered as the expert and the researcher the student. The researcher's interviewing technique is motivated by the desire to learn as much as possible from participant. The researcher engages with the participant by posing questions, listening attentively to the responses, asking follow-up questions and using probes based on the responses. Probes are neutral, questions, phrases, sounds or gestures to encourage participants to elaborate on their answers and explain why; how; and when, what and where exactly. During an in-depth interview, the interviewer needs to listen carefully to the participant and engage actively in what is being said (Mack *et al.*, 2011).

The researcher mainly asks open-ended questions to allow the participant to elaborate and provide rich data, which will lead to the best possible answers to the research questions. This is in contrast to close-ended questions, which are generally answered with a 'yes' or 'no' response. Open-ended questions set no limits on the lengths of responses and give participants the opportunity to explain their perspective, feelings and experiences concerning the phenomenon under study (McMillan & Schumacher,

2014). Thus, an in-depth interview is time-consuming, as it is a one on one interaction between the participant and the researcher (Showkat & Parveen, 2017). During the interviews, the researcher observed the participants' nonverbal behaviour, such as arm and hand gestures, facial/eye expression, posture, body movement and tone of voice, which were documented in the form of field notes.

The researcher followed a list of predetermined questions, one list for the principals and one for the learners, which made the interviews semi-structured (see Annexures H and I). Separate interview schedules were set up for the principals and learners because the information required from each group differed. For example, the researcher asked the principals questions about the influence that teenage pregnancy has on the educational system, focusing on the school, and asked the learners personal questions, focusing on the effects that teenage pregnancy has on the learner's self. The researcher compared the answers to discover where the shortcomings lay and how teenage learner pregnancy can be prevented and managed in schools.

The researcher recorded the interview proceedings with the participants' permission (Annexures D, E and F) and typed out transcripts of the recordings after the interviews. Digital recording ensures completeness of the verbal data and provides material for reliability checks. However, these advantages are counterbalanced by possible participant distrust of the procedure and technical issues (MacMillan & Schumacher, 2014).

3.9.2 Field notes

During the interviews, the researcher made notes on information gathered and insights obtained. The field notes were not detailed because the researcher was actively listening to and observing participants; however, they were expanded after the interview.

A researcher should elaborate on field notes within 24 hours of the interview, formulate full sentences, write a descriptive narrative describing what happened and what was learned, identify the follow-up questions and make final comments (Mack *et al.*, 2011).

A researcher should include self-reflections on his/her role and report on the interviewees' reactions during the interview. This is a critical time for reflection and elaboration to ensure that quality data are being gathered (MacMillan & Schumacher, 2014).

3.9.3 Policy document analysis

Policy analysis involves “examining policy and policy-makers to make determinations about policy formulation, implementation of programs, revisions of policy and evaluations of policy effectiveness and efficiency” (McMillan & Schumacher, 2010, p.438). The researcher compared different schools' policy documents and codes of conduct with regard to teenage learner pregnancy with national (legislative) and CSE policy documents to determine similarities/differences and possible shortcomings in the prevention and management of teacher learner pregnancy. The in-depth interviews with the principals served to find out whether the policies were being implemented and whether they were effective. This would assist in answering the research question about the existence and effectiveness of school support systems for teenagers who are pregnant, at-risk of becoming pregnant or adolescent mothers.

3.10 DATA ANALYSIS AND PRESENTATION OF THE RESULTS

3.10.1 Analysis of data

Data analysis is the “*process of making sense and meaning from the data that constitute the finding of the study*” (Merriam, 1998, p.178). Therefore, data analysis is the process of making the collected data more manageable by organising them into categories and themes that encapsulate the findings (outcomes) of the case study.

Data analysis involves first skimming, scanning, intensively reading and interpreting the contents of the transcriptions. Then, this iterative process combines elements of content and thematic analysis. Content analysis is the process of organising information into categories related to the research questions. Thematic analysis is an inductive process of identifying patterns emerging from the data, which become categories, and relationships amongst the categories, which become themes. Thematic analysis requires careful, focused re-reading and review of the available data, as well as coding based on the data’s characteristics to uncover themes pertinent to a phenomenon (Fereday & Muir-Cochrane, 2006).

Analysing data is an ongoing part of qualitative research, because analysis may be done during and after data collection. McMillan and Schumacher (2014) maintain that interim data analysis occurs during data collection when making data collection decisions and identifying recurring topics or codes, although researchers carry out the process of data coding and categorisation after the completion of data collection, through inductive data analysis.

The researcher followed McMillan and Schumacher’s (2014) systematic process of data analysis, which is depicted in Figure 3.1 below:

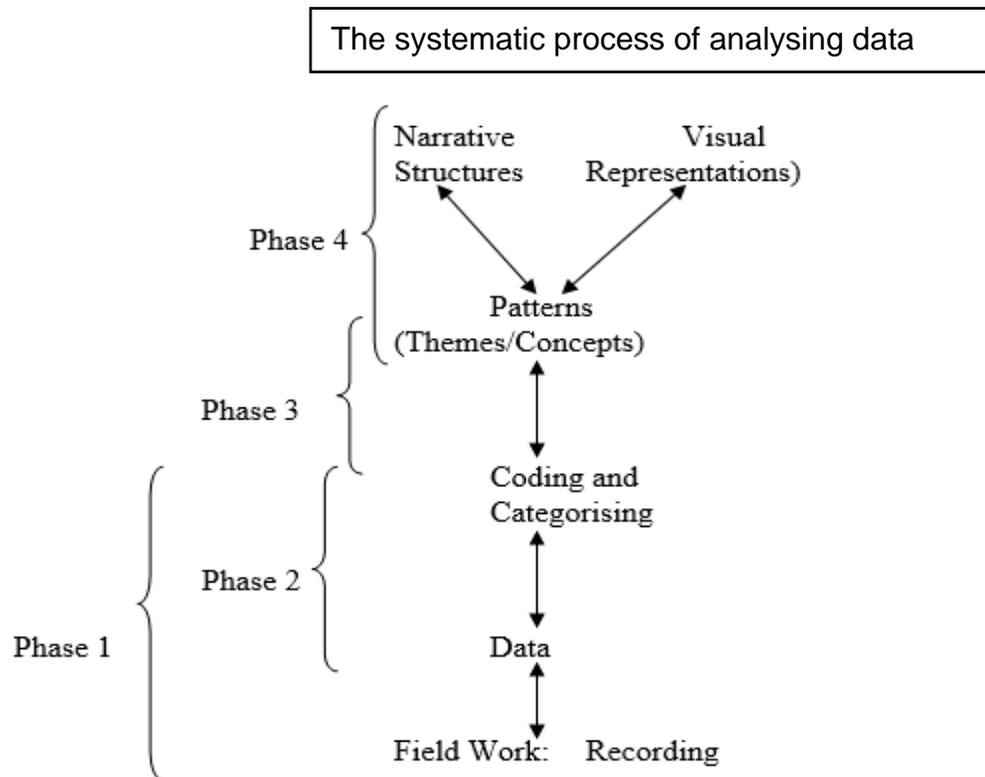


Figure 3.1: The process of data analysis (adapted from McMillan and Schumacher, 2014)

Each of the phases in the above figure will now be briefly discussed.

- **Phase 1: Planning**

The researcher obtained permission from the DBE and the participants (the school principals or members of the SGB and learners of the four chosen schools). Permission for learners under the age of 18 had to be obtained from their parents or guardians.

- **Phase 2: Beginning data collection**

This phase involved the first days in the field, when the researcher establish rapport, trust and reciprocal relations with the participants in all the selected schools.

- **Phase 3: Data collection**

Tentative data analysis began as the researcher mentally processed ideas and facts while collecting data. Preliminary descriptions were summarised and later incorporated in the analysis.

- **Phase 4: Closing data collection**

The researcher conducted the last interviews. Ending data collection led to the researcher thinking about the research problem and the productivity of the collected data. More attention was now given to possible interpretations and verification of the research findings. Data analysis was conducted to make meaningful interpretations and to answer the research sub-questions mentioned above. During this phase, the researcher searched for meaningful ways to present the data.

The overlapping cycles of these phases are further explained by MacMillan and Schumacher (2014) as recording, coding, categorising, interpreting and analysing data. The researcher made use of these overlapping cycles as follows:

- **Recording data (fieldwork):** The researcher conducted in-depth interviews with the principal or a SGB member and three learners (one pregnant learner, one learner with a child and one learner at risk of becoming pregnant) from each of the four selected schools. The total sample for the study was therefore 16 ($n=4 \times 4=16$). Different interview schedules were followed for principals/SGB members (Annexure H) and learners (Annexure I). These interviews were recorded with the participants' permission and the recordings were transcribed.
- **Data coding:** The research created codes to identify the essential meaning of the information provided by the participants. The purpose of the data coding was not to just to eliminate excessive data but to summarise them meaningfully. According to MacMillan and Schumacher (2014) the following steps should be followed to identify and refine data codes:
 - Get a sense of it all by reading through all the data collected and making notes as you read.

- Generate initial codes from the data by dividing the segments into groups and subgroups.
- Compare codes for duplication and overlapping descriptions. List the major and minor codes.
- Adapt the codes to correspond with the data.
- Refine the coding.
- **Categorisation of the data:** By placing the coded data into categories, the researcher was able to represent the major ideas of the gathered information. Forming categories allowed the researcher to discover patterns in the participants' perceptions, emotions and experiences. The researcher was then able to determine which data answered the research questions.
- **Interpreting and analysing data:** The researcher searched for links between the patterns, which became themes. These were analysed to determine how well they answered the research questions.

3.10.2 Presentation of data analysis results

The presentation of the results of the data analysis in the research report is the culmination of the data collecting process (Vasudevan, 2016). The research report presents and explains the findings of the data analysis, which are linked to quotations of participants' actual words as recorded during the interviews, as well as coming to general conclusions. For example, in the study, the researcher presented and explained the findings about different contraceptive measures available to teenagers and their preferences. Then, she came to conclusions about the most effective contraception method for preventing teenage learner pregnancies.

The researcher planned to make use of a computer-based qualitative data analysis programme, Atlas.ti, which is a powerful workbench for the analysis of large bodies of textual, graphical, audio and video data, when identifying and synthesising patterns in the transcripts and field notes.

3.11 TRUSTWORTHINESS OF THE STUDY

The criteria for trustworthiness in qualitative research are credibility, transferability, dependability and confirmability. These concepts can be defined as follows:

Credibility is determined by degree of the confidence that can be placed in the truth of the research findings (Holloway & Wheeler, 2002; Macnee & McMabe, 2008). Credibility indicates belief in the accuracy of the data as reported and the appropriateness of the researcher's interpretation of findings in relation to the information given by the participants. Credibility is enhanced by the researcher systematically applying the chosen research methodology in the study.

Transferability refers to the degree to which the results of qualitative research can be transferred to other contexts with other respondents; it is the equivalent of generalisability (Begley & Tobin, 2004; Bitsch, 2005). Transferability refers to the ability to transfer the research findings and methods from one research study to another.

Dependability, according to Bitsch (2005 p.86), refers to "*the stability of findings over time*" and involves the researcher ensuring that the findings, their interpretation and recommendations based on them are all consisted with and supported by the raw data collected. Dependability is enhanced by providing clear, detailed and sequential descriptions of all procedures and methods used in the research with the intent that another researcher could make the same findings.

Confirmability refers to the degree to which the results of an inquiry could be confirmed or corroborated by the participants' words and are not influenced by the researcher's biases (Baxter & Eyles, 1997).

The researcher insured the trustworthiness of this study by using a combination of strategies from the following list to increase trustworthiness in qualitative research as recommended by McMillan and Schumacher (2006):

- Prolonged and persistent fieldwork: interim data analysis and corroboration to ensure a match between findings and participants' reality

- Low-inference descriptors: recording of precise, almost literal and detailed descriptions of people and situation – the researcher did not let personal bias or beliefs influence the research
- Member checking: accuracy during data collection ensured by the researcher checking with participants whether she had fully understood the interviewee's response
- Mechanically recorded data: data captured using tape recorders, voice notes and videotapes during the interviews to ensure that participants statements were recorded and to provide accurate and relatively complete records – situational aspects that may have influenced the data recording were noted to enhance trustworthiness and make the data usable for the study

3.12 RESEARCH ETHICS

Ethics are generally considered moral principles and beliefs about what is wrong or right, proper or improper and good or bad (McMillan & Schumacher, 2001, p.196). As teenage pregnancy is a sensitive and confidential matter, the research process had to adhere to ethical standards.

An ethical clearance certificate was requested from the university (Annexure B). In addition, permission to conduct the research was requested from the Free State Department of Education (Annexure C), the principals/SGB members, parents/guardians and learners (Annexures D, E, F) of the four selected schools.

3.12.1 Informed consent as a dialogue

The study followed the protocol of informed consent signed by each participant. The participants were requested to sign a consent form giving permission for their participation (Annexure G). The form explained the time required for participation and the non-interfering, non-judgemental role of the researcher to all the participants (McMillan & Schumacher, 2014). Thus, the researcher gained their trust and dealt with

ethical dilemmas in the fieldwork professionally by using discussion and negotiation to resolve issues that arose because of the sensitive nature of the research topic.

3.12.2 Confidentiality and anonymity

The researcher made every effort to ensure that the settings and participants would not be identifiable in print, by disguising the locations and the features of their settings as well as using code names for people and places (McMillan & Schumacher, 2014). To check for confidentiality and anonymity, officials and participants would review the report before it was released.

3.12.3 Privacy and empowerment

The researcher negotiated with participants so that they understood that their privacy was ensured and that they had power in the research process (McMillan & Schumacher, 2014). Creswell (2007) refers to voluntary participation, which empowers participants with the right to refuse to participate and to withdraw from the study at any time.

3.12.4 Caring and fairness

A sense of caring and fairness was part of the researcher's thinking, actions and personal morality (McMillan & Schumacher, 2014). Although the study would not have resulted in physical harm to informants, some participants might have experienced humiliation and loss of trust. However, justifying harm to one individual because it may help others as a research outcome is unacceptable. Caring and fairness was achieved in this study by engaging in open discussion and negotiation with the participants.

3.13 CONCLUSION

In this chapter, the researcher explained the research methodology by referring to the research design, approach and population. Moreover, the chapter explained sampling;

instrumentation and data collection; data analysis and presentation; trustworthiness and research ethics.

In the next chapter, the researcher will present, explain and discuss the findings of the data analysis. She will identify possible methods to prevent and manage teenage learner pregnancy and set out guidelines for school principals to ensure that schools can implement effective strategies to support teenage learners who are pregnant, at risk of becoming pregnant or adolescent mothers.

CHAPTER 4

DATA PRESENTATION AND INTERPRETATION

4.1 INTRODUCTION

The previous chapter explained the research methodology and design followed in conducting the study. The researcher elaborated on the research approach while describing the conditions and procedures of collecting and analysing the data. The chapter also outlined the population and sampling method used to conduct the research; the instrumentation; the data collection procedure; and how the data was analysed. In this chapter, the researcher will present and discuss the results of the data analysis.

The main aim of the study, as described in Chapter 1, was to find ways to manage and prevent teenage pregnancy in rural schools in the Free State. The data are presented and interpreted below, according to the categories that were identified after the participants' responses to the interview questions were analysed.

4.2 THE RESEARCH PROCESS

4.2.1 Introduction

The researcher conducted a qualitative case study of 16 participants from the sampled schools in the Free-State. Semi-structured and in-depth interviews were conducted to gather data, which were analysed and interpreted. The participants were informed that they would remain anonymous in the study, and they all signed a consent form before the interviews started. As some of the learners were minors, their parents were informed and requested to sign a consent form prior to the interviews (see Annexure D).

During the interviews, the researcher made use of a tape recorder, and every recording was transcribed to enhance the trustworthiness of the research. The recordings were very helpful, as they captured details, which the researcher could discover later. Open-

ended questions were used, which gave the participants the opportunity to elaborate on their ideas and express their personal feelings.

The researcher also examined the schools' policy documents, such as codes of conduct and pregnancy policies, and national policy documents dealing with learner pregnancy and CSE, to determine similarities and differences in managing and preventing teenage pregnancy at school level.

4.2.2 Data collection

4.2.2.1 *In-depth interviews*

The researcher conducted in-depth interviews with the principal and three learners in each of the four selected schools. Thus, there were 16 (n=16) participants interviewed in total. The responses of the participants included in the study were expected to provide valuable insight into the topic and lead to answers to the research sub-question: What is the most effective, age appropriate, learner based, strategy to prevent teenage pregnancies in rural Free State schools?

The researcher started by obtaining permission from the DoE to conduct interviews in rural schools in the Free State. Once permission was granted, the researcher used purposeful sampling to select four public schools in the Free State. The researcher contacted the principals of the chosen schools to discuss and arrange interviews with learners. The principals were asked to identify teenagers who had been affected by teenage pregnancy. The researcher used purposeful sampling to select three learners from those identified by the principal and staff members, which included a pregnant learner, a learner who already had a child and a learner at risk, as stipulated in Chapter 3.

The first school chosen by the researcher was a secondary school in the Eastern region of the Free State (School A). The school is situated in a township and accommodates about 560 learners. After conducting the interview with the principal, the researcher had to schedule different dates for the interviews with the learners. The learner who had

been identified as a pregnant learner had to be replaced because she had given birth before the interview conducted. Therefore, a new learner was identified and selected. Interviews with the learners were scheduled on different dates, which was time-consuming from the point of view of travel.

The second public school chosen, also a secondary school situated in a township, caters for about 645 learners (School B). It was challenging to book an interview with the principal, who was unable to do a face-to-face interview but agreed to complete the interview questions as a questionnaire. I received her questionnaire and arranged interviews with three selected learners, who were very helpful participants.

The third school chosen (School C) was a small secondary school with 325 learners situated in the same township as School B. The principal was unable to assist me, and the deputy principle was assigned to do the interview and identify learners for the study.

The fourth selected school was a high school situated in a different town with about 579 learners. The principal and staff were very accommodating. The researcher was able to conduct an interview with the principal and the life orientation (LO) teacher. The principal scheduled interviews with the learners on convenient dates, and the researcher was able to conduct the interviews with the support of the staff members.

I started the interviews by explaining the consent form (Annexure F) to the participants, which was signed once they had agreed to continue with the interview. The principals' interview schedule consisted of 18 questions (Annexure G). The learners' interview schedules differed. The one for Category 3 learners, who were at risk of becoming pregnant, consisted of 26 questions. However, the schedule for Category 1 learners, who already had children, and Category 2 learners, who were pregnant, interviews had 33 questions (Annexure H). The researcher began the interviews by introducing herself and giving a brief summary about my research study.

After the consent forms had been explained and signed, the researcher asked questions to gain background information about the participants and to make them feel comfortable and relaxed. She explained that the participants' responses to the questions and the identity of each interviewee were confidential. The researcher then

informed them that the interview would be recorded and started the recording. The interviews were then conducted, with most taking under 30 minutes. The researcher made field notes while listening to the participants' responses. Each participant was thanked for their participation.

The interviews were transcribed word-for-word to ensure trustworthiness, using both the field notes and the tape recordings. Although it was very time-consuming, every attempt was made to include as much detail in the transcription as possible. After the interviews were transcribed, the researcher identified categories of meaning and grouped each under specific headings in answer the research questions.

The in-depth interviews with the principals also served to find out if the policies were being implemented and how successful they were. Moreover, they assisted in finding answers to the research questions about the main causes of schools' lack of success in finding ways to decrease teenage pregnancy amongst learners.

4.2.2.2 *Policy and document analysis*

The reason for document analysis was to determine exactly what policies prescribe for managing teenage pregnancy amongst learners. When visiting each of the selected schools, the researcher asked for a copy of its code of conduct and teenage pregnancy policy. Only School A was able to provide me with a teenage pregnancy policy. School B and C claimed that they only used a code of conduct, which covered all aspects. School D admitted that they did not have a teenage pregnancy policy, and the code of conduct did not address pregnancy amongst learners.

4.3 PARTICIPANTS' DEMOGRAPHIC DATA AND ALLOCATED CODES

Questions were asked to gather the participants' demographic data (grade, number of people in their household and age), which are presented in Figures 4.1-4.3 below. In addition, this section presents the coding of the participants for research purposes (see Table 4.1 below).

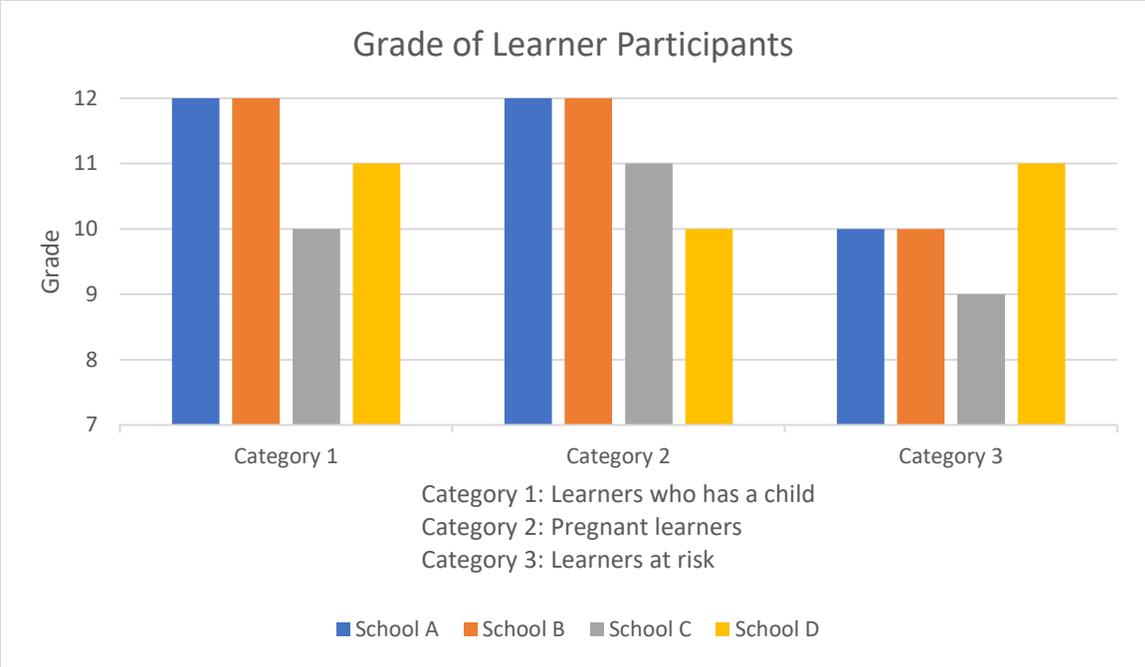


Figure 4.1: Grade of learner participants

As represented in Figure 4.1 above, learners from different grades in secondary schools participated in the study. The youngest learner was in Grade 9, four learners were in Grade 10, three were in Grade 11, and four were in Grade 12. Grade 8 learners did not participate in this study. Figure 4.1 clearly indicates that teenage pregnancies cases increase from Grade 10 to Grade 12. Most schools struggle with teenage pregnancy in their matric classes. Many Grade 12 learners are pregnant or are already raising a child.

Figure 4.2 below indicates the number of people living in the participants' households.

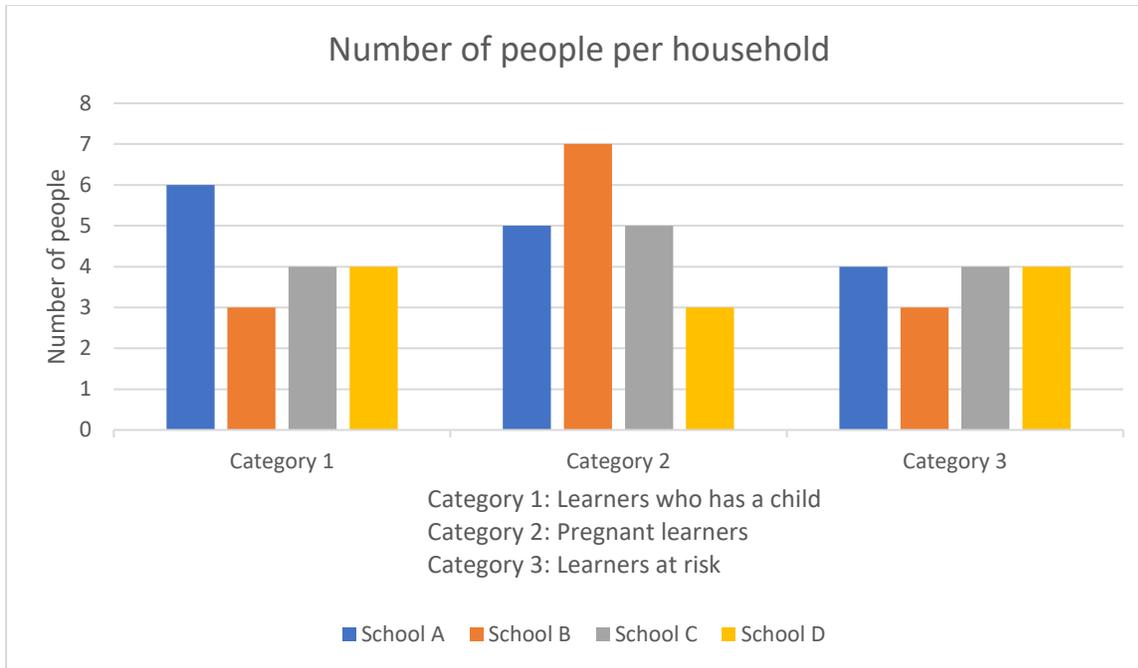


Figure 4.2: Number of people per learners' household

Figure 4.2 above represents the number of people living together in one household. The principals were excluded from these statistics, as the study focussed on learners in rural schools in the Free State. The results depicted in the figure showed that many learners did not live with their parents, which made the households smaller. A large number of learners were raised by single parents or a grandmother. The largest household consisted of seven people, which included nephews and other family members staying together.

The average number of people per household was three to four; moreover, there were few father-headed households. Unstable homes and poor parental care are leading causes of teenage pregnancies, as girls do not receive the love and support that they need while preparing for adulthood. This makes them vulnerable and an easy target for manipulation by boyfriends who coerce them to engage in sexual activity.

Figure 4.3 below indicates the age distribution of the teenage participants in the study.

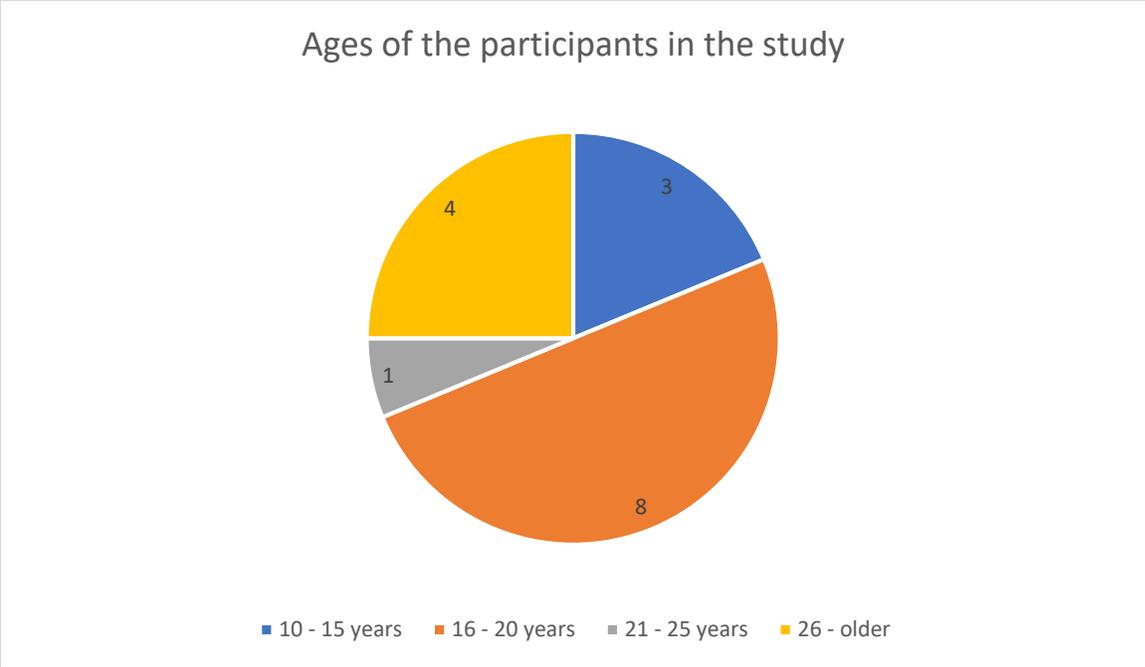


Figure 4.3: Age of participants

The learners who participated in the study were aged between 15 and 21 years old. The principals' ages averaged from 38 to 56 years old. Some of the learners were older than their peers, as they had failed several grades. For instance, the learner in Category 2 (School C) was 21 years old and in Grade 11.

Table 4.1 below indicates the number of principals and learners of each school that was investigated as well with the code given to each participant to identify him/her and to protect his/her identity.

Table 4.1: Number of participants per school with allocated codes

School	Principals	Learners	Total (n=16)
A	1 (P1A)	1 (C1A) 1 (C2A) 1 (C3A)	4
B	1 (P2B)	1 (C1B) 1 (C2B) 1 (C3B)	4
C	1 (P3C)	1 (C1C) 1 (C2C) 1 (C3C)	4
D	1 (P4D)	1 (C1D) 1 (C2D) 1 (C3D)	4

Table 4.1 above shows that the research was conducted at four different schools and involved four principals (P1A to P4D) from Schools A to D; 3 learners (C1A to C3A) from school A; 3 learners (C1B to C3B) from School B; 3 learners (C1C to C3C) from School C and 3 learners (C1D to C3D) from School D. The three learners at each school belonged to Category 1 (learners who already had a child); Category 2 (learners who were currently pregnant); and Category 3 (learners at risk of becoming pregnant). A total of sixteen participants were interviewed

The next section provides the results of the analysis of the data, which were obtained from the interviews conducted with the principals and learners, and the information gathered from the policy documents, which were scrutinised.

4.4 PRESENTATION AND INTERPRETATION OF DATA ANALYSIS RESULTS

All the data obtained from the interviews conducted with the principals and learners from the selected schools in the Free State were thoroughly transcribed by the researcher. These transcriptions were then used to organise the data into different categories. The data are interpreted below, according to the categories. Data interpretation led to useful and informed conclusions.

4.4.1 Category 1: School code of conduct and pregnancy policy

My first questions during the interviews conducted with the principals addressed policies and the schools' codes of conducts. The focus was on the parts dealing with teenage learner pregnancy and how the schools dealt with it. School A was the only school that had a teenage pregnancy policy, which was last updated in 2019. Three out of the four schools did not have a specific policy dealing with learner pregnancies. Participant P4D said as follows:

I believed that the school did have one as everyone is always referring to 'the policy' when they are addressing teenage pregnancies, but now I realised that we do not have any teenage pregnancy policy. Nor does the code of conduct stipulate anything about teenage pregnancies.

When reading through the code of conduct provided by Schools B and C, the researcher was unable to find any rules or regulations dealing with learner pregnancy. However, RSA (2008, p1) states the following: "*The code of conduct spells out the rules regarding learner behaviour at the school and describes the disciplinary system to be implemented by the school concerning transgressions by learners*".

Participant P1A said the following, when he was asked what the schools policy stipulates concerning teenage pregnancy:

The code of conduct stipulates that any learner that becomes pregnant must go on maternity leave at the seventh month of the pregnancy. In the year that the

learner's child is born the learner may not return to school, this is applicable to all learners. If the father of the child is also a learner of the school, then he must also leave school for a year.

Participant P3D pointed out the following about their policy:

If learners are pregnant, they are still allowed to write examination and they are allowed to attend class only up to a certain time. They normally attend up to about five or six months pregnant and then they go on maternity leave.

Participant C3A said she could remember receiving a code of conduct at the beginning of the year: The code of conduct stated something about teenage pregnancies. I think the girl has to stay at home if she is far along in her pregnancy. I cannot clearly remember everything.

Participant C1D was unable to answer and said, *"I don't know"*, when she was asked if her school had a teenage pregnancy policy. It appears that learners might be unaware of the rules and regulations about teenage pregnancies because schools do not make them clear. However, learners might still fear that there are regulations that would involve expulsion. This could be the reason for many teenagers hiding their pregnancies from their teachers. They want to attend school and are scared that they will be forced to stay at home.

The code of conduct contains the disciplinary rules for learners and is therefore critical for maintaining order in a school. It is important that these rules are implemented and enforced to ensure a disciplined educational environment for all learners in the interests of the school and learners. It also explains the school's disciplinary procedures to learners who transgress. The code of conduct applies to all learners at school or wherever they may represent it. In terms of section 8(4) of the South African Schools Act, all learners enrolled at a public school are bound by the code of conduct of that school. All learners and parents are expected to sign a declaration in which they promise to obey the code of conduct.

To ensure that a school is governed efficiently and effectively, a governing body must be able not only to make rules for good governance but also have the capacity to implement and enforce them in cases of learner misconduct by means of the specific disciplinary measures provided for in the code of conduct of the school (DoE, 1998; Visser, 2000 in Bray, 2005).

A code of conduct is necessary in a school community to realise the educational objectives of the school and promote positive discipline, self-discipline and exemplary conduct, which learners learn through observation and experience. The study revealed that schools that do not have a code of conduct and do not enforce rules will struggle with discipline, which will lead to behaviour problems in learners.

4.4.2 Category 2: Leading factors of teenage pregnancy

The principals and learners were asked to elaborate on what they think are the leading causes of the high level of teenage pregnancies. Several participants mentioned “peer pressure”, while others had a different view. Participant P1A said the following:

My personal feelings are: child grants – social grants. I think it’s about cervical, they think having a child will be an income, that’s the first thing. Second thing definitely in this community is alcohol I think they are ... its peer pressure and alcohol it’s like socialising and it’s what they see in the community. They follow what they see.

Participant P4D elaborated as follows:

I think it is the social circumstances at home and how these children grow up. They have no value for live. Sex at a young age from 14/ 15 years is seen as normal for them. It is the norm; it is acceptable to them. And I think poverty also plays a role. I think there are some of our girls who are selling sex and other who moves in and stay with her boyfriend to provide for her. So it is much related to poverty.’

This participant also mentioned that the school had a high number of teenage pregnancies every year, and that the norm was pregnancy at a young age, which was

seen to be acceptable amongst the youth and the community. She was very clear that poverty had a huge influence on young girls' activities and life choices.

Participant P3C emphasised that the socio-economic factors were leading determinants of the high teenage pregnancy rate in the rural areas of the Free State. He stated the following: "*Some of them come from very poor households*". In addition, Participant P3B indicated the following as factors: "*Unemployment, poverty, liquor and children-heading families without income*". The principals identified similar factors that they encountered over the years, when dealing with learners who became pregnant and their families.

The learner participants mostly responded with more emotional answers and less answers related to socio-economic factors. Participant C3A stated the following:

Most of the girls have pregnancies because boys are forcing them, but according to me, they really enjoy being pregnant because most of them, your friend is pregnant and you see it and then you also get pregnant.

She also mentioned that learners did not use contraception, which led to teenage pregnancy. The participants gave different reasons for not using contraception. According to this study, the leading factor leading forcing teenagers not to use contraception is the fact that they don't want their parents to find out that they are sexually active with boys.

Participant C1B, who was already a parent to a baby boy, said that she did not know why girls were becoming pregnant. She struggled to answer the question about factors leading to teenage pregnancy and said that girls might become "confused" and end up expecting a baby. Participant C2C, who was currently expecting a baby, was also unable to identify the leading cause of teenage pregnancy and did not know why girls become pregnant.

For many girls in relationships with boys, being intimate seems normal. In fact, participants (C2B and C3D) said that they were pregnant because they were in a relationship. It was clear that the girls believed that having sex, even at a young age,

was acceptable and that if they were not intimate with their boyfriends, the relationship would not last. Participant C2D remarked as follows:

Girls are getting pregnant because they love their boyfriends too much and they do not want to break up with them, so they think that when they are pregnant they are going to be together for a long time.

Unfortunately, at the time of writing this report, the participant was already seven months pregnant, and the baby's father had left her when she had told him that she was expecting his child. Teenage girls are ignorant in believing that their boyfriends will stay with them and help to raise the babies.

A learner from School A, who was not a participant in the study, had passed away in 2021 because of labour complications, although the baby had survived. According to the family, the teenager had hidden her pregnancy from her family and the school, until she went into labour at home. Her dysfunctional family had negatively affected her life, as she had been obliged to move from home to home. She had been mostly raised by her aunt, and her father was rarely present (Participant P1A).

There are many factors leading to teenage pregnancy, and although many cases have some similarities, each learner's situation and life style are unique. Nevertheless, the study revealed that poverty has a huge impact on teenage pregnancy. Moreover, a lack of parental and family support and boys forcing teenage girls to have sex, appear to be leading factors contributing to the high rate of teenage pregnancy in the community.

4.4.3 Category 3: Low support systems at home

Teenage girls are very vulnerable and seek love and attention from boys. Participant C1B said, "It is challenging to say no and some boys are taking advantage of girls". Many learners do not have a stable parental home and might have to stay with a grandmother either because they do not have parents or their parents are working far away, only visiting them once a month.

Table 4.2 below displays the data collected about the participants' family structure.

Table 4.2: Family structure of learner participants in the study

School	Participant	Family structure
A	C1A	Mother passed away; father works in Gauteng; living with her grandmother
A	C2A	Lives with her mother; father works in Gauteng.
A	C3A	Lives with both her parents
B	C1B	Mother works in Gauteng; no relationship or contact with her father; living with her aunt
B	C2B	Living with both her parents
B	C3B	Both parents deceased; lives with her aunt
C	C1C	Lives with her mother and grandmother; parents separated; and she does not have a relationship with her father.
C	C2C	Lives with both parents
C	C3C	Lives with her mother; unaware of her father's whereabouts.
D	C1D	Lives with her mother; her father is not part of her life
D	C2D	Mother working in Sasolburg; father not present, no contact; lives with her grandmother
D	C3D	Lives with her mother and grandmother; fatherless.

Out of the twelve learner participants, only three lived with their mother, father and siblings. Four were being raised by a grandmother or aunt, and five by single mothers. Numerous studies have been done on the effect of absent fathers on infants' and adolescents' lives. Children growing up without a father battle with many emotional and behaviour problems. One study found that fatherless daughters are more likely to become sexually active at a young age (La Guardia, Nelson & Lertora, 2014).

Participant C1D mentioned the following: *“I live with my mother; we have a good relationship. I do not have a relationship with my father. I never see my father”*.

Girls without fathers usually have more physical contact with boys than those living with their fathers (Krohn & Bogan, 2001; Castetter, 2020). This promiscuous behaviour, especially at a young age, can have negative implications, such as teenage pregnancy. Participant C1A said, *“My mother died in 2005 and my father is working in Gauteng. I am living with my aunt. I have a good relationship with my father but he does not visit me often”*.

Teenage learners are still children and need to be taken care of. They are not physically or emotionally mature enough to take care of themselves. Poor family support makes them vulnerable to peer pressure and becoming a victim of sexual abuse at a young age because they seek love and acceptance. Unfortunately many boys and men take advantage of these vulnerable learners, which often leads to teenage pregnancy.

4.4.4 Category 4: Other available support systems for pregnant learners and learners at risk of becoming pregnant.

The study found that pregnant learners need support and guidance even more after becoming pregnant, as their lives change a great deal. As mentioned above, many of these learners already have a low support system at home. The researcher asked the principal participants if their school had a designated person dealing with all the pregnancy cases and providing special support. Three responded by saying “yes”. However, Participant P1A said as follows:

No, I would not say there is really a person assigned at school to deal with teenage pregnancies. The QLTC and SBST usually identify such learners but we don't have real support for them at school. The staff will know and the staff will be aware of the situation. I know staff members are supporting learners verbally or socially, emotionally, but I won't say there's a follow up system in place. I feel that's where social worker's and sociologists must come in.

Teachers can only support these learners up to a certain level, as they can only provide class room and a little emotional support, within the confines of their own knowledge, skills and the resources available to them (Nel *et al.*, 2016). Pregnant learners needs professional support, which might include counselling, healthcare and social welfare.

The participants were asked if the schools provided any support to absentee pregnant learners, which Schools A and D did, whilst Schools B and C did not. Participant P1A said the following:

Yes. The school's policy states that when a learner falls pregnant and have to leave school it is accepted that a parent or class friend may take work home to a learner, or a parent can come and collect work so it doesn't prevent a learner from losing any work. Even SBA tasks can be accommodated, depending what was agreed to between the learner and the school. The Policy and the South African School Act is being followed. A learner is not prevented from completing any work.

Participant P4D, in turn, replied as follows:

Yes, if there are formal task that is written in that time, we would make arrangements for the learner to complete it at another time and we do send homework to them. But sometimes a learner is for a long period at home so then we just say she must catch up when she comes back. They still have their books and in some cases the teachers will provide work and even tests to them.

When the principals were asked whether the school followed up on a pregnant learner's well-being and kept track of her whereabouts and living conditions, they gave similar responses. All the principals said, "No", although P1A and P4D mentioned that they called the learner's family to find out whether the learner would be returning to school. In addition, Participant P4D said that they only kept track of the learners who did return to school, but they lost track of the others. Participant P1A said that sometimes they did not even know that a learner was pregnant:

Sometimes we don't even know a girl had a baby. She will be gone for a week or two and the next time she's back and after that you will hear she went into labour. That's why I say they are hiding these things. The only learners receiving support are the learners who return back to school post-pregnancy. Only the ones we were aware of.

The responses indicated that some schools do make an effort to reach out to learners at risk of becoming pregnant. P4D mentioned that they had a clinic sister who visited the school, and they hosted “boy talks” and “girls talks” with the learners, which were motivational speeches to promote healthy lifestyles and teach learners to take care of themselves. However, it was clear that these measures were not implemented on a regular basis.

The rate of teenage pregnancy in schools continues to rise (Nkosi & Pretorius, 2019), and learners who are at risk of becoming pregnant need more guidance. At this stage, schools are more focussed on the learners who are already pregnant, who receive some support. The preventative measures in the form of talks to boys and girls separately given by clinic sisters are not regularly presented, which lessens their effectiveness.

4.4.5 Category 5: Lack of knowledge about contraception

Contraception means using a method (mechanical or chemical) to prevent unwanted pregnancy. There are various contraceptives that work in different ways, but they have the same aim. However, even if learners wish to abstain and delay having sexual relationship, it is still important for them to learn about contraception.

According to Barmao, Nyaga and Lelan (2015), only 24% of contraceptives used by people aged between 15 and 19 years are used in rural areas, compared to a national contraceptive prevalence rate of 50%. This suggests that the lack of use might be compounded by the lack of education, poverty or peer pressure (Barmao *et al.*, 2015). Moreover, even if contraception is used, learners need to be clear about the right way to use it.

During the interviews the learners were asked if they were aware of the different types of contraception available, and all of them responded, "Yes". However, when they were asked if they were using it, the respective responses varied as follows:

Yes, after my pregnancy I started to use the injection (C1A).

No. And I did not use any medication to prevent pregnancies before (C2A).

Yes, I am using the implant, got it after I was raped (C3A).

Yes, I am now using it (C1B)

No (C2B).

Yes, my aunt is forcing me to use contraception. I am using the injection (C3B).

Not before I had a baby, but now I am (C1C)'

No (C2C).

No (C3C).

Yes (C1D).

No, I was too afraid that my mother would find out that I am sleeping with a boy (C2D)'

No (C3D).

The participants who had babies (C1A-D) used contraception after their pregnancy but not before. The participants who were expecting a baby (C2A-D) were not using any contraception and did not use it before the pregnancy either. Of the learners who were at risk of becoming pregnant, two (C3A and C3B) were using it, and C3C and C3D were not. It was clear that the learners who had babies were trying to prevent another pregnancy by using contraception. Moreover, although they would not have known it, they were also protecting their own lives because, as Ahmed, Li and Tsui's (2012) study found, the use of contraceptives can reduce the maternal mortality rate by 44%.

The researcher also asked the learners about their local clinic services and whether they would feel confident seeking support from the nurses to prevent pregnancy. The majority said that they were willing to go to the clinic to seek support from the nurses. In contrast, some learners said that attending the clinic was very time consuming, the service was very slow, they had to wait in long queues and they became tired while waiting (Participants C2D & C3D).

Several participants believe the myths and misconceptions about the side effects and negative consequences of contraceptives. This lack of knowledge is associated with the poor use of contraceptives (Wafula, Obare & Bellows, 2014; Ochako *et al.*, 2015), which might have been the case with the teenage girls under study, who clearly had not used contraceptives before pregnancy. Moreover, although most of the participants were positive about going to clinics, those who had fallen pregnant had not used their help, and those at risk were not using contraceptives.

Teenagers need to be guided in making informed decisions. However, although learners who are using contraception have a lower risk of becoming pregnant, delaying sexual relationships is the safest method and will prevent teenage pregnancy.

4.4.6 Category 6: Poor school performance

Education in South Africa is compulsory from the age of seven years (Grade 1) to the age of fifteen (Grade 9). From Grades 10 to 12, education is optional (Churr, 2015). Although this study was initially intended to focus on learners under the age of 18 years, some of the participants were older than 18. Many learners are older than they should be in a particular school grade because they repeated a grade, possibly more than once.

Some learners even repeat several grades before reaching Grade 12. Participant C2C, who was four months pregnant, was in Grade 11 and she was 21 years old, which means that she had failed several grades. According to her educators, she was struggling at school and underperforming. The loss of academic time that she would have faced pre- and post-delivery made the situation worse, and an even greater effort

would be required for her to pass. Meanwhile she would also have to take care of her new born baby.

Participant C1D, who had a one-year-old baby, was 19 years old and in Grade 11. She had repeated two different grades, although with the support of her mother, she had been able to return back to school post-pregnancy. She had the following to say:

From the start I saw teenage pregnancy like I was useless, I saw there is no future after having a baby. But after I had my baby, I saw there is a future. I can still learn. Teenagers can continue with school if your mother helps you with the baby.

Maemeko, Nkengbeza and Chokomosi's (2018) study revealed that the impact of teenage pregnancy on the education of the expecting teenager and the teenage mother still at school means that they generally perform poorly, compared with their performance before. This is because of the dual and conflicting responsibilities of motherhood and schoolwork, poor health status and a lack of parental support. In addition, they have lost essential academic time because of their absence from school during and after the delivery. All these challenges make it difficult for them to succeed academically and might lead to them not returning after the birth of the child or dropping out of school if they do return.

The findings are closely linked to the literature review of this study (Chapter 2). Most of the teenage participants are struggling with their academic performances. As stated in this study many teenagers have to repeat several grades and many teenagers are unable to complete their education.

4.4.7 Category 7: Being a victim of sexual abuse

Sexual abuse, which includes sexual assault or rape, of children and adolescents is a major global public health problem, a violation of human rights and has many health consequences in the short- and long-term. The physical, sexual, reproductive/mental health consequences of such abuse are wide ranging (WHO, 2017). Nevertheless, participant C3A, who had been raped early in 2021, had been helped and supported to

an extent by a clinic, which advised her to use contraception to avoid unplanned pregnancies. C3A had the following to say:

'After I was raped on the 15th of March this year, the clinic helped me with an implant and my pregnancy test was negative and the test of HIV was negative'.

The participant mentioned that the tests were very traumatic for her. She added as follows: *"My parents are not very open. They only help me with the things that I need. After the incident they did support and helped me"*.

Sumner *et al.*'s (2015) study shows that very few children who experience sexual abuse seek or receive any type of services. Less than 10% of survivors of sexual abuse receive any support from health, legal or counselling services.

In the interviews, learners indicated sexual abuse in the form of being forced by boyfriends to have a sexual relationship. Participant C3A remarked as follows:

Most of the girls have teenage pregnancy because the boys are forcing girls to have sex. I think most of the girls enjoy being pregnant, because they see their friends are pregnant and then they also want to be pregnant. They see it is fine to be pregnant at school.

Participant (C1B) made the following observation: *"Boys promise girls that they will not get pregnant and then they do fall pregnant"*.

The current study revealed that physically or emotionally, boys are abusing girls by forcing them to have sex with them. Many girls are not emotionally strong enough to make their own choices and as Participant C32 said, they are "not sure" what to do. Thus, they are easily manipulated by boys and end up having an unplanned pregnancy at a young age.

The Optimus Study South Africa (Ward *et al.*, 2018) revealed that sexual abuse of children and adolescents is widespread, with 35.4% of young people reporting some form of sexual abuse. Of this number, 36.8% were boys and 33.9% of girls. This

indicated that one in every three children or adolescents experienced some form of sexual abuse at some point in their lives.

The current study found that boys are abusing girls by manipulating girls to engage in sexual relationships but do not share the responsibility of raising the baby if the girl falls pregnant (Participant B2A). Moreover, the study found that one participant (C3A) had been violently raped. This suggests that being a victim of sexual abuse and experiencing the consequences, such as pregnancy, is a common problem for teenage girls, which needs to be addressed.

4.4.8 Category 8: Sexual education and awareness

South African schools are tasked with providing sexuality education through the LO curriculum to challenge the high rate of teenage pregnancy, HIV and gender-based violence (Ngabaza & Shefer, 2019). The researcher asked the participants if their school offered any sexuality education and asked them to elaborate on its effectiveness. Most of the participants agreed that their schools did offer sexuality education in the LO lessons, while some schools invited nurses from local clinics to address the learners and raise awareness of the consequences of being sexually active.

The principals were asked about the schools' strategies for preventing teenage pregnancy. Their respective responses were as follow:

The only strategy that we really have is when the clinic sisters came and speak to them about all the consciences. In Life Orientation the syllabus covers pregnancies where they talk about the ins and outs, the musts and do not's. I also think there the school can improve on having more – let's say have a teenager who has experienced this to motivate them on how to prevent it and give support. We, the school can definitely improve on that (Participant P1A).

Education through LO, invite nurses to talk with girls and invite other girls who became pregnant being teenagers (Participant P2B).

We talk to them at the parade. And we invite people from the Health Department and the clinic to come and talk to them as well. We also have a nurse dedicated to this school (Participant P3C).

I will say it starts in the Life Orientation class; the teacher talks a lot about it. And then we have boy and girl talk separately where we would speak to the learners. We will speak girl stuff to the girls and boy stuff to the boys. We are warning them about pregnancy, sex, dagga and substances. We are hosting these talks once per term. We also have nurses from the clinic who visits our school once a term and then they also motivate the learners to act responsible and to prevent teenage pregnancy (Participant P4D).

It is clear that schools through local clinics are trying to educate and inform learners about healthy life styles and teach them to become responsible citizens, although it was not really clear how often talks took place. Participant P4D mentioned that they hosted “*boy and girl talks*” once a school term. However, these strategies would become inefficient if implemented seldom.

When they were asked if they had any sexuality education, the participants all replied that they had received it during LO classes. In addition, it was clear that most of their families were not really open to sexuality education or raising awareness at home. The participants referred more to the LO classes than to any family talks, which indicates the possibility that parents or guardians are not educating girls about sex and relationships. Participant C2A said the following, “*My mother is not very open with me about relationships. I can only speak to my sister about boys and relationships*”. Participant C1A commented as follows: “*I have confidence in Miss Motaung, my life orientation teacher at school, I trust her for guidance*”.

The responses clearly indicated that teenagers need more guidance and counselling in the consequences of sexual relationships to enable them to make informed decision before they are faced with an unwanted pregnancy at a young age. Teenagers are receiving some guidance from their local clinic and school but, it is clearly not enough to prevent teenage pregnancies. Teenagers who are at risk of becoming pregnant need

special attention. Teenagers should also be encouraged to use contraception to prevent unwanted pregnancies.

4.4.9 Category 9: Learners' awareness of the consequences of unplanned pregnancies

Learners are not aware of all the challenges that follow unplanned pregnancies (Participant C2D). Many learners drop out of school during their pregnancy and never return back. During the interviews, the principals were asked how many learners return back to school post-pregnancy. It was clear that in all four schools, many learners did not return after their pregnancies. Participant P1A had the highest percentage of returns. According to him, about 90% of pregnant learners returned. Participant P2B mentioned that only four out of 10 (40%) had returned to school, while Participant P3C said that only about 30% had returned. Participant P4D stated the following:

Those learners who fall pregnant while they are in Grade 8 and Grade 9, they have the tendency of not coming back, but seemingly learners who are in Grade 10 to Grade 12, I don't know if it is because they are more matured or confident, but they return. P4D mentioned that some learners only returned back for a short period and then dropped out because they were too far behind due to their absence. Others just did not seem to cope with raising a baby and attending school, and were thus forced to leave school.

Young girls are also unaware of the financial impact on their families. Participant C1D, who had a child, said the following: "*The baby had high expenses in his first year as a baby. Now he is bigger and the most we have to pay his crèche*". Participant C2D remarked, "*My mother is a single mother and she is unable to provide for the baby. I have two uncles who are willing to help and support us*".

Many learners belong to poor households with single mothers, and thus providing for a baby puts more strain on the family's finances. Social workers need to be involved to ensure that a learner is ready to care for baby. Moreover, learners are unaware of the challenges they will have to face if they have to be a learner and a mother at the same time. Participant C1A said, "*Homework is a lot and then I have to look after the baby*".

Having a child does not only influence the family financially but is also a big responsibility and very time consuming. Clearly, learners with babies have less time for their school work and even less time for the social life of a normal teenager.

4.4.10 Category 10: How teenage learners' plan to deal with the situation

Becoming pregnant at a young age has many consequences and complications. Participants C1A, C1B, C1C and C1D already had children and were raising them with the support of their families. However, these learners were able to continue with their education post-pregnancy, which was a big advantage, as not all pregnant learners are able to return back to school.

Learners who do not have an open relationship with their parents, especially their mothers, struggle a lot after realising that they are pregnant. Participant C1D said:

No, I did not tell my mother that I was pregnant. She only saw it when I started showing and then I was unable to hide it from her. She was furious about the situation.

Participant P1A made the following remark, indicating numerous reasons for teenagers hiding their pregnancy:

That's why I say, these learners are hiding their pregnancies. Because they know the school's system and they are trying to avoid it. Meaning that they do not want to stay away from school as the policy stipulates or they do not want to inform their parents about the pregnancy.

Many learners are aware of their condition only when they are several months pregnant. They are then suddenly faced with adult decisions. Many teenagers with unwanted pregnancies opt for illegal abortions or abandon babies in places, such as open fields, dustbins and pit latrines. Mkize (2017) maintains the following:

They are abandoned at the very time they most need protection and care, and by the very people meant to protect them. Left to fend for themselves, many die. Some are miraculously saved.

Abandoned babies have made numerous headlines in newspapers, and the number of cases only increases. Teenagers living in an unstable household with a low support system might consider abandoning their babies if they do not receive the help and support needed while pregnant (Kantoogui, 2016).

4.4.11 Category 11: The most effective age-appropriate, learner-based strategy

The principals were asked if the schools needed any support in managing teenage pregnancies. Principal P1A said the following:

Definitely, there I feel the Department of Health even the DoE. I feel every school in South Africa needs a full-time sociologist at school so that we can refer these learners to professionals. We are only professional up to a certain stage.

The principal of school B also referred to special guidance:

Yes, counselling for learners.

Principal P3C added the following:

Yes, we do, we need support, it will be that of the health department getting more involved and councillors. And then if only the parents can allow sometimes they can use this prevention (contraception) so that this cannot happen, but we have a problem of cultures and all that.

Principal P4D maintained as follows:

I don't really know. Like I said it should come from the department. There should be stricter rules and regulations in place for if a learner falls pregnant while still in school. At this stage we are handling it at school. The school and the parents are handling it.

The researcher noticed that the schools were using similar strategies in dealing with teenage pregnancy cases. The procedures explained by the principals involved the following steps. As soon as a pregnancy was identified, the school arranged a meeting with the learner's parents; in most cases only the mother attended the meeting. During

the meeting the process was explained to the parent and a medical certificate was requested by the school.

The school and parent proposed a time frame for how long the learner would be on maternity leave pre- and post-pregnancy. It was clear that this procedure was only successful if the pregnancy had been identified and not hidden from the school. The school provided the learner with support during her absence to stay up-to-date with some of her school work. This made it easier for her to return post-pregnancy and not drop out of school.

This process was adequate but greater attention was needed to provide psychological and social support to the pregnant learners. If a school has approximately 80 pregnancy cases in a time frame of 3 years, such as School B, it is clear that the community and school need to address the matter urgently. As observed by Willan (2013), an effective response cannot simply be judgemental, technical, or simply increasing contraceptive supplies. It needs to be holistic and address structural factors that disempower teenage girls from being in control of their bodies and sexual choices. Learners' perspectives and attitudes towards pregnancies need to be addressed and changed. As found by the current study, learners see teenage pregnancy as acceptable, and peer pressure leads to more pregnancies in the community.

The study revealed that the LO teacher or school counsellor must provide guidance to teenagers who are expecting and teenage mothers to cope with their situation. The school, in collaboration with local clinics, must teach teenagers about abstinence, especially those that have not yet started with sexual relationships.

Teenage pregnancy is one of the leading causes of school dropouts and learner underperformance. Individuals with a poor education contribute to unemployment and poverty and, ultimately, the nation's economy. Therefore, the importance of preventing and managing teenage pregnancy to ensure the continued education of those affected was clearly indicated by the current study. Furthermore, it is of utmost importance that strategies are enforced by schools and the community to achieve this.

4.5 CONCLUSION

This chapter started by explaining the research process that was followed and the methods used to collect the data. Then, the chapter presented the results of the analysis of the data obtained from the interviews with principals and learners. The data analysis had led to the formulation of various categories of meaning that had emerged. These categories were explained in the chapter, and examples of the participants' own words were quoted to support the explanations and increase the trustworthiness of the study. The findings are linked to the literature review of the study.

Chapter 5 will summarise the chapters of this dissertation, discuss the study findings; make recommendations; explain the study's strengths and limitations; and provide suggestions for future research.

CHAPTER 5

SUMMARY, FINDINGS, RECOMMENDATIONS AND CONCLUSION TO THE STUDY

5.1 INTRODUCTION

The previous chapter presented the results of the data analysis and the interpretation of the findings. This chapter will present a summary of the chapters; a discussion of the findings; recommendations for educational practice; an explanation of the strengths and limitations of the study; and recommendations for future research. The aim or main objective of the study was to investigate how teenage pregnancy can be prevented and managed in rural Free State schools. To achieve the main objective, the following sub-objectives were formulated:

- To determine whether learners in rural Free State schools are aware of the consequences of unplanned pregnancies;
- To establish how teenage learners in rural Free State schools plan to deal with the situation after realising that they are indeed pregnant;
- To determine whether there any support systems in place to help pregnant learners in rural Free State schools and how effective they are; and
- To determine the most effective, age-appropriate, learner-based strategy to prevent teenage pregnancies in rural Free State schools.

5.2 SUMMARY OF THE CHAPTERS

Chapter 1 provided an overview of the study, beginning with background information about the topic. The chapter highlighted the negative impact of teenage pregnancy on a learner's education and life. Learners drop out of school and are unable to re-enter the education system for financial reasons and because raising a baby is not as easy as they may have thought it would be (cf. par. 1.2). In addition, the chapter referred to previous studies on the topic of teenage pregnancy and presented the main research

question: How can teenage pregnancy be prevented and managed in rural Free State schools? This research question was divided into four sub-questions (cf. par. 1.3):

- Are learners in rural Free State schools aware of the consequences of unplanned pregnancies?
- How do teenage learners in rural Free State schools plan to deal with the situation after realising that they are indeed pregnant?
- Are there any support systems in place to help pregnant learners in rural Free State schools, and how effective are they?
- What is the most effective, age-appropriate, learner-based strategy to prevent teenage pregnancies in rural Free State schools?

Chapter 2 provided a review of the existing literature on the prevention and management of pregnancy in school-going teenagers. Although, there are gaps in the literature, the review led to insight into what can be done to prevent and manage teenage pregnancy amongst learners. The chapter explained the concept, the consequences and the historical tendencies of teenage pregnancy, as well as the theories about and factors contributing to this phenomenon.

Chapter 3 explained the research methodology of study. The chapter revisited the purpose of the study and the research questions. In addition, the chapter explained the research design or general plan that was followed to conduct the study and why a qualitative research design had been chosen (cf. par 3.6). This chapter also explained the population; the sampling method; the instrumentation; and the data collection procedure and presentation.

In particular, the chapter provided an explanation of the use of semi-structured, in-dept interviews, which consisted of open ended questions, to gather data (cf. par. 3.5), and document analysis to discover what policies prescribe about the prevention and management of teenage learner pregnancy (cf. par. 1.5.3.2). Finally, the researcher elaborated on the trustworthiness of the research and the research ethics that were adhered to during the research (cf. par. 3.1).

Chapter 4 presented the results of the data analysis. The chapter began by revisiting the data collection procedure followed in the study (cf. par. 4.2.2). Then, the data, which consisted of the participants' responses during the interviews, were interpreted according to the categories that had been identified during the data analysis (cf. par. 4.4; 4.5).

Chapter 5 provides a summary of the chapters and a discussion of the findings in light of the sub-objectives outlined in previous chapters. It makes recommendations for educational practice; explains the study's strengths and limitations; and provides suggestions for future research.

5.3 DISCUSSION OF THE FINDINGS

5.3.1 Introduction

The findings of the data analysis, which were explained and interpreted in the previous chapter, are discussed below in light of the four research sub-objectives mentioned above.

5.3.2 Findings with regard to sub-objective 1: Learners' awareness of the consequences of unplanned pregnancies

As stated in Chapter 4, learners are not aware of all the consequences of unplanned pregnancies. The educational consequences are that many learners drop out of school during their pregnancy and never return. Some learners only return for a short period and then drop out because being absent has led to them being too far behind in their schoolwork. Other learners cannot cope with raising a baby and attending school, which forces them to leave school (cf. par. 4.4.9).

The study found that young girls are also unaware of the financial impact on their families. Many of these learners live in poor households with single mothers, and providing for a baby puts more strain on the family's finances (cf. par. 4.4.9).

The study also found that learners are still young and unaware of the life changes that they will have to face after having a baby. They have to deal with being a learner and a mother at the same time. Having a child does not only influence the family financially but also emotionally and physically, as a baby is a great responsibility and very time consuming.

Dealing with an unplanned and unwanted pregnancy at a young age is very challenging. Teenagers cannot raise a baby without proper help and support. Teenagers are too young to realise the impact that an early pregnancy will have on their life. Many teenagers are unable to continue with their education while raising a baby, which is an emotional and physical burden as well. The pregnancy also has a negative financial impact on families and increases poverty.

5.3.3 Findings with regard to sub-objective 2: How pregnant teenage learners in rural Free State schools plan to deal with the situation

This study found that becoming pregnant at a young age has consequences and complication, with which the teenager has to deal. Only learners who receive support from their families are able to continue with their education post-pregnancy, which is a big advantage. According to the study, not all pregnant learners are able to return back to school (cf. par. 4.4.10). Learners who do not have an open relationship with their parents, especially their mothers, struggle a lot after realising that they are pregnant.

There are numerous reasons for teenagers hiding their pregnancy. Many learners only realise that they are pregnant after several months have passed. They are then faced with adult decisions at a very young age. Many pregnancies are also unwanted, and this leads to illegal abortions and abandoned babies being left in places, such as open fields, dustbins and pit latrines. Teenagers living in an unstable household with a low support system might consider abandoning their babies if they do not receive help during and after pregnancy (cf. par. 4.4.10).

Most teenagers are shocked when they realise that they are pregnant. Teenagers have to inform family, friends and educators about the pregnancy. In some cases, they hide

their pregnancy, which may have a negative impact on both the learner and baby's health. At first learners, do not have any plan dealing with the pregnancy, but those who receive help and support are able to have a healthy pregnancy and continue with their education.

5.3.4 Findings with regard to sub-objective 3: Support systems for pregnant learners in rural Free State schools

As stated in Chapter 4, many learners do not have stable homes and might stay with a grandmother because they do not have parents, or their parents work far away and only visit once a month. These learners are still children and need love and support because they are not emotionally mature enough to take care of themselves. Poor family support makes them vulnerable to peer-pressure and sexual abuse. The study found that when vulnerable teenage learners seek love and acceptance, unfortunately, many boys and men take advantage of them, and they end up being pregnant (cf. par. 4.4.3).

The study found that pregnant learners need support and guidance as their life changes a great deal. Teachers can only support these learners to an extent, as they can only provide classroom and emotional support that fall within the confines of their knowledge, skills and resources (cf. par. 4.4.4). Thus, pregnant learners need professional counselling as well as health and social services support. Although some schools do make an effort to reach out to learners at risk of becoming pregnant, the rate of teenage pregnancy in school is still rising, which indicates a need for more guidance. Moreover, preventative interventions, such as talks given to learners, are not a regular occurrence. Schools are more focussed on learners who are already pregnant, although not much time is spent on them either (cf. par. 4.4.4).

The high rate of teenage pregnancies can be linked to the learners' low support system at home and at school. Learners do not receive enough guidance to enable them to make informed decisions about relationships.

5.3.5 Findings with regard to sub-objective 4: The most effective, age-appropriate, learner-based strategy to prevent teenage pregnancies in rural Free State schools

As stated in Chapter 4, many principals feel that the DoE should address teenage pregnancy and equip schools with strategies to deal with it. In addition, the study found that schools need to provide adequate psychological and social support to pregnant learners. It is clear that the community and schools need to address the matter urgently. Learners' perspectives and attitudes towards pregnancy need to be changed. As mentioned in Chapter 4, learners see teenage pregnancy as acceptable, and peer pressure leads to more of it in the community (cf. par. 4.4.11).

Teenage pregnancy is one of the leading causes of school dropout and under-performing learners. Individuals with a poor education contribute to unemployment and poverty and, ultimately, the nation's economy. Therefore, preventing and managing teenage pregnancy through strategies implemented by schools and the community will ensure the continued education of those affected (cf. par. 4.4.11).

South African schools are tasked with providing sexuality education through the LO curriculum to reduce the high rate of teenage pregnancy, which the schools under study did offer. However, some schools encouraged added awareness by hosting events, to which they invited the nurses from their local clinic to address the learners about the consequences of being sexually active and of risky behaviours amongst the youth (cf. par. 4.4.8).

Schools and local clinics are trying to educate learners about healthy life styles and teach them to become responsible citizens. However, it is not really clear how often events, such as talks given by nurses, are taking place. These strategies need to be implemented regularly to be effective.

5.4 RECOMMENDATIONS BASED ON THE STUDY

5.4.1 Introduction

The main goal of the research study was to investigate how teenage pregnancy can be prevented and managed in rural Free State schools. Furthermore, the study aimed to find out if learners are aware of the consequences of unplanned pregnancies, discover how they plan to deal with becoming pregnant, find out whether there are support systems and find effective strategies to prevent and manage the problem.

Data were gathered by conducting in-depth interviews with principals and learners and were analysed. In view of the study's findings, the following recommendations are made for the prevention and management of teenage pregnancy in rural Free State schools'.

5.4.2 Recommendations with regard to sub-objective 1: Learners' awareness of the consequences of unplanned pregnancies

The study revealed that teenage learners are not aware of the consequences of unplanned and unwanted pregnancies, particularly the financial ones (cf. par. 2.3). Moreover, they are not aware that they are not mature enough to cope with the consequences on their own. Many pregnant learners came from poor and unstable households (cf. par. 4.4.3). Families struggle to provide for themselves, let alone provide for another new born baby. Teenagers are unaware of the financial impact that a pregnancy has. The study found that children living in poor and unstable households are more vulnerable to sexual abuse because they seek love and support (including financial support) from those who influence them to be sexually active (cf. par. 4.4.3).

The researcher recommends that teenagers should learn financial responsibility from an early age. Parents should teach children from a young age about planning and budgeting. Learners should be taught about the importance of earning an income and managing money. Parents could start by helping learners to earn money and encourage entrepreneurship from an early age. One principal mentioned during the interview that one of the leading factors to teenage pregnancy is a lack of socio-economic equity (cf.

par. 4.2.2). Empowering learners from a young age to be financially smart will improve the living conditions of the community and will guarantee a better future for the next generation, with less people depending on social grants. The following are recommendations to improve learners' financial literacy:

- Children must be taught to budget and save
- Parents should set a good example from which their children can learn
- Children should be taught where household income comes from
- Children should learn about income and expenses

The study also revealed that teenagers may not be aware of the many health complications before and after birth and that many teenagers die from labour complications. Teenagers are still developing, and their bodies are not mature enough for pregnancy and labour at a young age (cf. par. 2.3.2). The recommendation is that learners, especially teenagers, must be informed about the consequences that early pregnancy could have on their health. Local clinics should host free awareness classes for teenagers to attend. Parents and guardians should encourage learners to attend these classes and raise awareness amongst teenage girls so that they are empowered to make informed decision before starting any sexual relationship.

5.4.3 Recommendations with regard to sub-objective 2: How teenagers in the rural Free State plan to deal with teenage pregnancy

The study revealed that most teenage pregnancies are unplanned and unwanted (cf. par. 2.2). Moreover, teenagers do not have a plan for dealing with the situation. The researcher recommends that pregnant learners receive counselling as soon as they are aware of the pregnancy. The counselling should continue after the birth of the baby to ensure that the teenage mother is able to cope with the emotional demands. Counselling will equip the teenager to become a responsible and caring mother.

Families of pregnant teenagers also need to receive counselling on how to support their child's and the baby's needs during and after the pregnancy. This will ensure that the learner will be able to return to school and be a good mother. Counselling could be provided by the following professionals:

- Social workers
- Nurses
- Psychologists
- Counsellors
- Teachers

Counselling will help the teenager to plan and provide the best possible care to the new born baby. If learners receive guidance and support in this difficult situation, fewer babies will be left abandoned, and children will receive better care. Even if a pregnancy was unplanned, proper planning will make the situation easier to handle.

5.4.4 Recommendations with regard to the sub-objective 3: Support systems for pregnant learners in rural Free-State schools

During the interviews with the principals, it was clear that the schools did not have an effective supporting system at school for pregnant teenagers. Many learners are unable to return to school post-pregnancy for reasons, such as loss of interest, a lack of support or because they are academically too far behind (cf. par. 2.3.3). The recommendation is that the school governing body and the staff should ensure that the school implements the following support strategies:

- A separate classroom for teenagers who are far along in their pregnancy
- Online classes for teenagers when they are unable to attend school
- Extended due dates for formal assessment tasks

- Appointment of a designated person to deal with teenage pregnancy cases at school
- A school support group

Schools need to establish a support system to enable pregnant teenagers to continue with school during their pregnancy and after the delivery. A separate classroom for learners who are far along will help the learner to attend school without feeling ashamed or embarrassed about the situation. Classrooms are sometimes crowded and bullying can occur. Online classes will provide the learners with education while they are at home, and it will ensure that they do not fall behind. Extended due dates for submitting formal assessment tasks will help learners to be able to complete their work and will benefit their educational performance. Schools also need to appoint a person who will be assigned to support pregnant teenagers. This person should provide counselling for both the teenager and her family as well as acting as a link between the teenager, parents and the school.

5.4.5 Recommendations with regard to the sub-objective 4: The most effective, age-appropriate, learner-based strategy to prevent teenage pregnancies in rural Free State schools.

The researcher recommends that the LO teacher or school counsellor provide counselling to both expecting and teenage mothers. In addition, the school, in collaboration with local clinics, should teach teenagers about abstinence, especially those that have not yet started with sexual relationships.

The study revealed that many teenagers are victims of sexual abuse, which leads to unwanted pregnancies (cf. par. 2.6.9). The recommendation is to raise more awareness about sexual abuse by involving the SAPS at school. The community and the local police should work together in raising awareness of victims' rights and responsibilities. From a very young age, children should be taught about privacy and unacceptable behaviour, which could lead to sexual abuse. Children should be made to feel confident about seeking help and support from their local police force.

The study found that many parents are not open to talking to their children about sex, puberty or where babies come from. Parental advice might counteract the effect of peer pressure, which is one of the leading causes of teenage pregnancy (cf. par. 4.2.2). During the interviews, the teenage participants mentioned that their parents were not open with them and did not speak to them about relationships (cf. par. 2.6.3). They mentioned that they received sexual education at school in the LO class (cf. par. 4.4.8).

As parents do educate their children about sex and relationships, teenagers are influenced by their friends, and thus have misconceptions about sexuality. Therefore, it is recommended that parents have an open relationship with their children. Parents need to be actively involved in their children's lives. Parents have to spend more time with their children and build a relationship with them that is based on trust and love. Open relationships will build confidence amongst family members, and children will be able to talk to their parents about any topic. Teenagers should also feel confident to speak to their parents about contraception and the prevention of unsafe sex and unwanted pregnancies. The importance of delaying sexual relationships must be stressed, and learners must be encouraged to focus on their health, education and building a better future for themselves.

This study revealed that schools seldom inform learners about acceptable behaviour and the consequences of sexual relationships (cf. par. 4.4.8). The researcher recommends that schools make it a priority to host informative and motivational talks with all of the learners at least once per term. More awareness must be raised about children's rights and responsibility to take care of themselves. Schools must also invite social workers and clinic sisters to address school learners about healthy life style choices. The school, community, social workers and clinic sisters should constantly work together to educate and inform teenagers about the impact of unwanted and unplanned pregnancy on a learner's life.

The recommendation for the most effective, age-appropriate, learner-based strategy to prevent teenage pregnancies in rural Free State schools is to educate learners from a young age about sexual relationships and the consequences. Moreover, learners must

be taught that sexual abuse, especially child sexual abuse, is against the law and must be reported to the police.

5.5 STRENGTHS AND LIMITATIONS OF THE STUDY

5.5.1 Positive aspects of the research process

The majority of the schools were very friendly and helpful. Although some of the participants were shy at first, they all provided me with valuable information and feedback in response to the interview questions. The importance of both the principals and learners' participation was clearly visible and led to better understanding of their standpoints. In addition, the principals were eager to identify even more learners that requested to contribute to the research study.

5.5.2 Challenges experienced during the research process.

The process of conducting in-depth interviews with so many participants was a challenging task. Interviews are time consuming and the principals' and learners' had limited time available. Co-ordinating all the interviews was very difficult. Some interviews had to be rescheduled, as one learner had to attend her check-up at the clinic and was absent from school. Another delivered her baby before the interview, and therefore did not comply to the criteria for Category B any longer; she was replaced by another pregnant learner at the same school.

COVID-19 regulations contributed to the challenges, as schools could not accommodate all their learners at the same time (rotating classes). Therefore, different dates had to be set to conduct the interviews. In addition, it was hard for schools to identify pregnant learners because learners were less often at school because of COVID-19 regulations.

The sensitivity of the topic of teenage pregnancy and sexual activities made the research challenging. The researcher had to focus on the participants' feelings and

sensitivity. Two participants had been raped, and it was challenging interviewing these victims; however, they were very open and cooperative.

During the data collection phase, time was one of the biggest limitations to the study for both the researcher and the participants. In-depth interviews are very time-consuming, and it was difficult to schedule interviews with both the principals and learners. Some learners felt uncomfortable, and it took some time for them to relax and respond openly to the questions. Using questionnaires would have been easier. It would have given the participants more time to answer the questions and give more in-depth responses.

5.6 RECOMMENDATIONS FOR FUTURE RESEARCH

This study focused on teenage pregnancy from a female learner's perspective. However, researching male teenagers' attitudes towards and perceptions of teenage pregnancy might shed some light on the high rate of teenage pregnancy.

This study revealed that teenage pregnancy has a negative impact on a teenager's educational performance, health and life in general. Many learners need more support and guidance from schools to help them complete their education, as low education and unskilled labour increase poverty and raise crime in the community. Therefore, future research could investigate topics, such as the impact of pregnancy on a teenager's life; the association between teenage pregnancy and poverty; and the mediating effect of counselling on the relationship between teenage pregnancy and academic performance. Future studies could focus on other areas of South Africa, where research has not been conducted on teenage pregnancy.

5.7 CONCLUSION

In conclusion, the study revealed that teenage pregnancy is an alarming concern because of its negative on the learner's adult life. Schools should provide knowledge, values and support to learners who are at risk of falling pregnant to prevent teenage pregnancy and to those who are currently pregnant, or who have already given birth, to manage the situation. The school needs to complete or even replace what the

teenagers have learnt at home about sexuality, although parents should also be responsible for educating and supporting them.

The community, families, educators and counsellors should work together to prevent and manage teenage pregnancy, thereby ensuring that those affected complete their education and are able to earn a livelihood in South Africa, where the poverty rate is high.

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ANNEXURES

ANNEXURE A: PROOF OF REGISTRATION



2119

MAARTENS W E MRS
P O BOX 12
LINDLEY
9638

STUDENT NUMBER : 4631-545-4
ENQUIRIES TEL : 0861670411
FAX : (012)429-4150
eMAIL : mand@unisa.ac.za
2020-10-12

Dear Student

I hereby confirm that you have been registered for the current academic year as follows:

CODE	PAPER	S NAME OF STUDY UNIT	NQF crdts	LANG.	PROVISIONAL EXAMINATION EXAM. DATE	CENTRE (PLACE)
Proposed Qualification: MED (EDUC MANAGEMENT) (98420)						
Study units registered without formal exams:						
DFEDU95		MED - Education Management	**	E		

You are referred to the "MyRegistration" brochure regarding fees that are forfeited on cancellation of any study units.

Your attention is drawn to University rules and regulations (www.unisa.ac.za/register). Please note the new requirements for reregistration and the number of credits per year which state that students registered for the first time from 2013, must complete 36 NQF credits in the first year of study, and thereafter must complete 48 NQF credits per year. Students registered for the MBA, MBL and DBL degrees must visit the SBL's ESONline for study material and other important information.

Readmission rules for Honours: Note that in terms of the Unisa Admission Policy academic activity must be demonstrated to the satisfaction of the University during each year of study. If you fail to meet this requirement in the first year of study, you will be admitted to another year of study. After a second year of not demonstrating academic activity to the satisfaction of the University, you will not be re-admitted, except with the express approval of the Executive Dean of the College in which you are registered. Note too, that this study programme must be completed within three years. Non-compliance will result in your academic exclusion, and you will therefore not be allowed to re-register for a qualification at the same level on the National Qualifications Framework in the same College for a period of five years after such exclusion, after which you will have to re-apply for admission to any such qualification.

Readmission rules for MEd: Note that in terms of the Unisa Admission Policy, a candidate must complete a Master's qualification within three years. Under exceptional circumstances and on recommendation of the Executive Dean, a candidate may be allowed an extra (fourth) year to complete the qualification. For a Doctoral degree, a candidate must complete the study programme within six years. Under exceptional circumstances, and on recommendation by the Executive Dean, a candidate may be allowed an extra (seventh) year to complete the qualification.

CREDIT BALANCE ON STUDY ACCOUNT: 65.00-

Yours faithfully,

Prof M S Mothata
Registrar

0108 0 00 0



University of South Africa
Pretorius Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
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www.unisa.ac.za

ANNEXURE B: ETHICS APPROVAL LETTER



UNISA COLLEGE OF EDUCATION ETHICS REVIEW COMMITTEE

Date: 2021/02/10

Ref: **2021/02/10/46315454/15/AM**

Dear Mrs WE Maartens

Name: Mrs WE Maartens

Student No.:46315454

Decision: Ethics Approval from
2021/02/10 to 2024/02/10

Researcher(s): Name: Mrs WE Maartens
E-mail address: 46415454@mylife.unisa.ac.za
Telephone: 0734685458

Supervisor(s): Name: Prof RJ Botha
E-mail address: Botharj@unisa.ac.za
Telephone: 0824116361

Title of research:

Preventing and managing teenage pregnancies among learners: A case study in rural schools in the Free-State province.

Qualification: MEd Education Management

Thank you for the application for research ethics clearance by the UNISA College of Education Ethics Review Committee for the above mentioned research. Ethics approval is granted for the period 2021/02/10 to 2024/02/10.

*The **low risk** application was reviewed by the Ethics Review Committee on 2021/02/10 in compliance with the UNISA Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.*

The proposed research may now commence with the provisions that:

1. The researcher will ensure that the research project adheres to the relevant guidelines set out in the Unisa Covid-19 position statement on research ethics attached.
2. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.



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4. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
5. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing.
6. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
7. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data requires additional ethics clearance.
8. No field work activities may continue after the expiry date **2024/02/10**. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **2021/02/10/46315454/15/AM** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Kind regards,



Prof AT Motlhabane
CHAIRPERSON: CEDU RERC
motlhat@unisa.ac.za



Prof PM Sebate
EXECUTIVE DEAN
Sebatpm@unisa.ac.za



Approved - decision template – updated 16 Feb 2017

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ANNEXURE C: PERMISSION TO CONDUCT RESEARCH IN SCHOOLS OF THE FREE STATE

S C LE ROUX

082 6499 873



education
Department of
Education
FREE STATE PROVINCE

CIRCUIT MANAGER

inalrx@gmail.com

CIRCUIT 6 and 7 - REITZ

SC.LeRoux@fseducation.gov.za

14/06/2021

To: Principals
Phukalla SS
Lindley High
Kwetlisong SS
Reikemeseditse IS

Re: Permission to conduct research interviews in the school.

Me W E Maartens, is a registered student at UNISA. She is enrolled for a Master's Degree in Education and has to conduct an empirical research at schools.

The researcher has to do in-depth interviews with the principal and 3 learners in the selected schools.

I, S C Le Roux, circuit manager for circuit 6, hereby give permission for the student to arrange with principals a suitable time and date to conduct the interviews.

The objectives of the research are to:

- determine if learners in rural Free-State schools are aware of the consequences of unplanned pregnancies;
- establish how teenage learners in rural Free-State schools plan to deal with the situation after realising that they are indeed pregnant;
- determine if there any supporting systems in place to help and support pregnant learners in rural Free-State schools and how effective these supporting systems are; and
- Determine what the most effective, age appropriate, learner based, strategy will be to prevent teenage pregnancies in rural Free-State schools.

An interview schedule will be presented to all purposefully selected participants and no disruptions will be caused in the school programme. Informed consent will be obtained from all participants and all data gathered will be held in confidence and be used strictly for research purposes.

Yours faithfully,

Signed

SC le Roux (082 649 9873)
Circuit Manager.

Private Bag X817 WITSIESHOEK, 9870
CR Swart Building, REITZ
Tel: (058) 718 4700 Fax: (058) 713 4700

www.fsdoe.fs.gov.za

ANNEXURE D: REQUEST FOR PERMISSION FROM SCHOOL



ANNEXURE D

PERMISSION REQUEST FROM SCHOOL

Dear Principal

Request for permission to conduct research interviews in your school

It would be appreciated if respected principal would give me permission to conduct research interviews in the school. I am currently studying a Master of Education (Education Management) degree. My dissertation topic is: Preventing and managing teenage pregnancies among learners: A case study in rural schools in the Free-State province

The objectives of this research are to:

- determine if learners in rural Free-State schools are aware of the consequences of unplanned pregnancies;
- establish how teenage learners in rural Free-State schools plan to deal with the situation after realising that they are indeed pregnant;
- determine if there any supporting systems in place to help and support pregnant learners in rural Free-State schools and how effective these supporting systems are; and
- determine what the most effective, age appropriate, learner based, strategy will be to prevent teenage pregnancies in rural Free-State schools.

The researcher will conduct in-depth interviews with the principal and 3 learners in the school. An interview schedule will be presented to all purposefully selected participants and no disruptions will be caused in the school programme. Informed consent will be obtained from all participants and all data gathered will be held in confidence and be used strictly for research purposes. Kindly give me permission to conduct this research at your school.

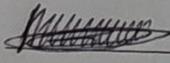
This study is supervised by Prof RJ Botha (0824116361 or Botharj@unisa.ac.za)

Yours faithfully
W.E Maartens (0734685458)

If you understand the request and agree to permit the study, please sign the consent form below.

.....
CONSENT FORM

I MABUJA MEJ (Full name of PRINCIPAL) hereby confirm that I have read and understood the contents of this document and the nature of the study; and consent to the study being undertaken in my school.


Signature

08/12/2020
Date

PHUKALLA SECONDARY
SCHOOL
2020 -12- 08

P.O.Box 173, Lindley, 9630
Tel: 058 463 0507

**ANNEXURE E: REQUEST TO CONDUCT RESEARCH IN SCHOOLS OF THE FREE
STATE DEPARTMENT OF EDUCATION**



The Director: Knowledge Management and Research, Free State DoE

Request for permission to conduct research interviews in schools of the Free State region

I am studying for a Masters' Degree in Education (Educational Management) with the University of South Africa (UNISA) and wish to conduct an empirical research study entitled "Managing and preventing teenage pregnancies among learners: A case study in rural schools in the Free State".

The objectives of this research are as follows:

- To determine whether learners in rural Free State schools are aware of the consequences of unplanned pregnancies
- To establish how teenage learners in rural Free State schools plan to deal with the situation after realising that they are indeed pregnant
- To determine whether there any supporting systems in place to help and support pregnant learners in rural Free State schools and whether they are effective
- To determine the most effective, age-appropriate, learner-based strategy to prevent teenage pregnancies in rural Free State schools

The researcher will conduct in-depth interviews with the principal or a SGB member and three learners in each of the selected schools. There will be 16 participants interviewed in total. An interview schedule will be presented to all purposefully selected participants, and no disruptions will be caused to the school programme. Informed consent will be

obtained from all participants, and all data gathered will be held in confidence and used strictly for research purposes.

Kindly give me permission to conduct this research at schools within your province.

This study is supervised by Prof RJ Botha (0824116361) or Bothari@unisa.ac.za

Yours faithfully

W.E Maartens (0734685458)

ANNEXURE F: REQUEST FOR PERMISSION FROM SCHOOL



Dear Principal

Request for permission to conduct research interviews in your school

It would be appreciated if you would give me permission to conduct research interviews in your school. I am currently studying for a Master of Education (Education Management) degree. My dissertation topic is entitled “Managing and preventing teenage pregnancies among learners: A case study in rural schools in the Free State”.

The objectives of this research are as follows:

- To determine whether learners in rural Free State schools are aware of the consequences of unplanned pregnancies
- To establish how teenage learners in rural Free State schools plan to deal with the situation after realising that they are indeed pregnant
- To determine whether there any supporting systems in place to help and support pregnant learners in rural Free State schools and whether they are effective
- To determine the most effective, age-appropriate, learner-based strategy to prevent teenage pregnancies in rural Free State schools

The researcher will conduct in-depth interviews with the principal and three learners in each of the selected schools. There will be 16 participants interviewed in total. An interview schedule will be presented to all purposefully selected participants, and no disruptions will be caused to the school programme. Informed consent will be obtained from all participants, and all data gathered will be held in confidence and used strictly for research purposes.

Kindly give me permission to conduct this research in your school.

This study is supervised by Prof RJ Botha (0824116361) or Botharij@unisa.ac.za

If you understand the request and agree to permit the study, please sign the consent form on the next page.

Yours faithfully

W.E Maartens (0734685458)

CONSENT FORM

I _____ (Full name of PRINCIPAL) hereby confirm that I have read and understood the contents of this document and the nature of the study; and consent to the study being undertaken in my school.

Signature

Date

**ANNEXURE G: REQUESTING PARENTAL CONSENT FOR MINORS TO
PARTICIPATE IN A RESEARCH PROJECT**



Dear Parent

Your daughter is invited to participate in a study entitled “Managing and preventing teenage pregnancies among learners: A case study in rural schools in the Free State”.

I am currently studying for a Master of Education (Education Management) degree at the University of South Africa. The purpose of the study is to minimise teenage pregnancies, and the possible benefits of the study are the improvement of health and education, especially amongst teenage girls. I am asking permission to include your child in this study because she meets the requirements needed in the research. I expect to have eleven other children participating in the study.

If you allow your child to participate, I shall request her to do as follows:

- Take part in an interview. The date and time will be communicated to the participant, and the interview questions will be made available to you.

Any information obtained in connection with this study, which might be identified with your child, will remain confidential and will only be disclosed with your permission. Her responses will not be linked to her name, your name or that of the school’s in any written or verbal report based on this study. Moreover, the research report will be used for research purposes only.

There are no foreseeable risks to your child by participating in the study. Your child will receive no direct benefit from participating in the study. However, the possible benefits to education are improved educational activities, which would not discriminate against pregnant teenage girls; enhanced sexual education that will be age-appropriate and

non-discriminating; and school-based counseling for teenage girls in need. Neither your child nor you will receive any type of payment for participating in this study.

Your child's participation in this study is voluntary. Your child may decline to participate or decide to withdraw from participation at any time. Withdrawal or refusal to participate will not affect her in any way. Similarly, you can agree to allow your child to be in the study now and change your mind later without any penalty. The study will take place after school on the arranged date, with the prior approval of the school and your child's teacher.

In addition to your permission, your child must agree to participate in the study. In addition, you and your child are requested to sign the assent form, which accompanies this letter. If your child does not wish to participate in the study, she will not be included and there will be no penalty. All information gathered during the study and your child's contribution will be stored securely on a password locked computer in my locked office for five years after the study. Thereafter, records will be erased.

The benefits of this study are preventing, reducing and managing teenage learner pregnancies and empowering them to become educated and successful in life. In addition, this study aims to provide schools with guidelines to ensure that teenagers receive the support needed. Potential risks are harm or discomfort because teenage pregnancy is a sensitive research topic. Personal information will be gathered and participants will be directly involved. Some of the participants are children under the age of 18. There will be no reimbursement or any incentives for participation in the research.

If you have questions about this study please ask my study supervisor, Prof RJ Botha, DoEal Management at the University of South Africa or me. My contact number is 0734685458, and my e-mail address is 46315454@mylife.unisa.ac.za. The e-mail address of my supervisor is botharj@unisa.ac.za. Permission for the study has already been given by the principal and the Research Ethics Committee of the College of Education, UNISA.

You are required to make a decision about allowing your child to participate in this study. Your signature on the next page will indicate that you have read the information

provided above and have decided to allow her to participate in the study. You may keep a copy of this letter.

Yours faithfully

W.E Maartens (0734685458)

Name of child: _____

Sincerely

Parent/guardian's name (print): Parent/guardian's signature: Date:

Researcher's name (print): Researcher's signature: Date:

**ANNEXURE H: LETTER REQUESTING ASSENT FROM LEARNERS IN A
SECONDARY SCHOOL TO PARTICIPATE IN A RESEARCH PROJECT**



Research entitled “Managing and preventing teenage pregnancies among learners: A case study in rural schools in the Free State.

Dear _____

Date _____

I am doing a study on the prevention and management of teenage pregnancies amongst learners as part of my studies at the University of South Africa. Your principal has given me permission to do this study in your school. I would like to invite you to be a very special part of my study. I am doing this study so that I can find ways that your educators can use to support learners better. This may help you and many other learners of your age in different schools.

This letter is to explain to you what I would like you to do, although you may not know some of the words used in it. You may ask me or any other adult to explain any words that you do not know or understand. You may take a copy of this letter home to think about my invitation and talk to your parents about the study before you decide whether you want to be part of it.

I would like to interview you and ask you some questions. Answering the questions will not take longer than 30 minutes.

I will write a report on the study, but I will not use your name in the report or say anything that will let other people know who you are. Participation is voluntary, and you do not have to be part of this study if you do not want to participate. If you choose to be in the study, you may stop taking part at any time without penalty. You may tell me if you do not wish to answer any of my questions. No one will blame or criticise you. When I am finished with my study, I shall return to your school to give a short talk about some of the benefits of the study, which are reducing and managing teenage pregnancies amongst young girls and empowering them to become educated and

successful in life. This study also aims to provide schools with guidelines for to ensure that teenagers receive the support they need.

Potential risks are harm or discomfort because teenage pregnancy is a sensitive research topic. Personal information will be gathered, and participants will be directly involved. Some of the participants are children under the age of 18. There will be no reimbursement or any incentives for participation in the research.

If you decide to be part of my study, you are requested to sign the form on the next page. If you have any other questions about this study, you can talk to me or you can have your parent or another adult call me at 0734685458. Do not sign the form until you have all your questions answered and understand what I would like you to do.

Yours faithfully

W.E Maartens (0734685458)

WRITTEN ASSENT

I have read this letter, which asks me to be part of a study at my school. I have understood the information about my study, and I know what I will be asked to do. I am willing to be in the study.

Learner's name (print): Learner's signature: Date:

Witness's name (print): Witness's signature: Date:

(The witness is over 18 years old and present when signed.)

Parent/guardian's name (print): Parent/guardian's signature: Date:

Researcher's name (print):

Researcher's signature:

Date:

ANNEXURE I: PARTICIPANTS' CONSENT LETTER



I understand the overview given to me on the study: Managing and preventing teenage pregnancies among learners: A case study in rural schools in the Free-State.

It is my understanding that

1. The study focuses on the prevention and management of teenage pregnancies in schools. My identity will remain confidential, and my name or the name of my institution will not be used in the study or in reporting its findings at any point.
2. The purpose of the study is not to judge me on the issue or the type of responses I give during the study.
3. I hold the right to decline to answer any question.
4. I hold the right to withdraw from the study at any point in time.
5. I will be audio recorded when I am interviewed.
6. I express willingness to participate in the study by signing this form.

Name: _____

Signature: _____

Date: _____

ANNEXURE J: INTERVIEW SCHEDULE FOR PRINCIPALS



Name of the school: _____

Name of the principal: _____

Dear Respondent

This interview guide is designed to collect data from the principals that contribute to the study “Managing and preventing teenage pregnancies among learners: A case study in rural schools in the Free State”.

Please be honest in giving your response and be assured that you will remain anonymous. Thank you in advance for accepting to cooperate.

Question 1:

1.1 Does the school have a teenage pregnancy policy?

1.2 When was this policy last up-dated?

1.3 What does the school’s code of conduct stipulate concerning teenage pregnancies?

Question 2:

2.1 According to your records, how many teenage pregnancy cases has the school had in the past 3 years?

2.2 How many of the learners returned to school, post-pregnancy?

2.3 Does the school provide any support during the learner’s absence?

Question 3:

3.1 According to your knowledge, what is the leading factor leading to the high rate of teenage pregnancies?

3.2 What will be the best possible solution to prevent teenage pregnancies?

Question 4:

4.1 How would you describe the parental involvement at school and in the community?

Question 5:

5.1 What effects do teenage pregnancies have on the school system?

Question 6:

6.1 Does the school have a designated person dealing with all the teenage pregnancy cases at school?

6.2 What strategies are you putting in place to prevent teenage pregnancies amongst the learners at school?

6.3 What procedures are followed after the school has identified a teenage pregnancy?

6.4 Does the school follow up on the learner's situation and life changes? Does the school keep track of the learner's whereabouts and living conditions?

Question 7:

7.1 How does teenage pregnancy influence the learner's life?

Question 8:

8.1 Does the school need any support in managing teenage pregnancies? Describe the support needed.

Question 9:

9.1 What impacts do teenage pregnancies have on the community?

Question 10:

10.1 Except for teenage pregnancies, what other factors contribute to teenagers dropping out of school?

ANNEXURE K: INTERVIEW SCHEDULE FOR LEARNERS



Name of the school: _____

Name of the learners: _____

Dear Respondent

This interview guide is designed to collect data from learners that contribute to the study “Managing and preventing teenage pregnancies among learners: A case study in rural schools in the Free State”.

Please be honest in giving your response and be assured that you will remain anonymous. Thank you in advance for accepting to cooperate.

Question 1:

1.1 What is your highest academic achievement?

1.2 What is your goal for the future?

Question 2:

2.1 Are you currently in a relationship?

2.2. How long did your longest relationship last?

Question 3:

3.1 How are you performing in school?

3.2 Do you participate in any extramural activities?

3.3 What do you like the most about school?

3.4 What do you dislike the most about school?

Question 4:

4.1 Describe your family and family relationships.

4.2 Who is the most important person in your life?

4.3 Would you like to change anything about your family arrangements?

Question 5:

5.1 What is the relationship between the school and the community?

Question 6:

6.1 Describe your personality.

6.2 Have you had any sexuality education?

6.3 Does your school offer any sexuality education?

6.4 Does the sexuality education offered in LO have any effect on the learners?

6.4 Describe your family's attitude towards sexuality education and awareness.

Question 7:

7.1 Are you aware of the different types of contraception available?

7.2 Have you considered using any contraception to reduce the risk of unwanted pregnancies?

7.3 Do you have a relevant person to guide and support you should you seek more detail about the prevention of unwanted pregnancies?

Question 8:

8.1 Explain your view on teenage pregnancies.

8.2 Do you strongly believe that teenagers are able to cope with their schooling and raising a child?

8.3 How supportive is your family?

Question 9:

9.1 How would you describe your local clinic and their services?

9.2 Would you feel confident in seeking support from the nurses about teenage pregnancies and prevention?

Question 10:

10.1 In your own opinion, what are the leading causes of teenage pregnancies in your community?

Question 11: (Exclusive to expecting teenagers and teenage mothers)

11.1 Are you receiving any health support?

11.2 Is the father of the child committing to raising the baby and supporting you?

11.3 How are you going to balance motherhood and school?

11.4 Do you receive any support from the school? Are (were) you able to return to school after delivery?

11.5 Describe the financial impact that a pregnancy and a baby have on the family.

11.6 How does (did) the pregnancy influence your goals for the future?

11.7 What would you say is the biggest obstacle that you have to face?

**ANNEXURE L: QUESTIONS FOR DEMOGRAPHIC INFORMATION ABOUT
PRINCIPALS AND LEARNERS**



The intention of this questionnaire is to acquire demographic information on the participants.

Research topic: MANAGING AND PREVENTING TEENAGE PREGNANCIES AMONG LEARNERS: A CASE STUDY IN RURAL SCHOOLS IN THE FREE STATE

The information will solely be used for academic research; moreover, it will be anonymous and private at all times. Please answer each question by marking the appropriate block with an X.

Question 1:

What is your gender?

Male	
Female	

Question 2:

What is your age?

15-19	
20-25	
26-30	
31-35	
36-40	
41-45	

46-50	
51-55	
56-60	
61-65	
66 and over	

Question 3:

To which ethnic group do you belong?

African	
Indian	
White	
Coloured	
Other	

Question 4:

How many people are in your household?

1-2	
3-5	
6-8	
9-11	
12 and more	

ANNEXURE M: TRANSCRIPTION OF INTERVIEW WITH PRINCIPAL (P1A)



Dear Respondent. This interview guide is designed to collect data from principals that contribute to the study “Preventing and managing teenage pregnancies amongst learners: A case study in rural schools in the Free State”.

Please be honest in giving your response and be assured that you will remain anonymous. Thank you in advance for accepting to cooperate.

Interviewer: Good morning Sir, I am Windy Maartens from the University of South Africa. As I explained telephonically I am currently undertaking a research study entitled: Preventing and managing teenage pregnancies among learners: A case study in rural schools in the Free-State province.

The purpose of this interview is to seek and gather as much information as possible about teenage pregnancies in your school and community. To explore the leading factors to teenage pregnancy and to find possible solutions. Your school was one of the four selected schools to participate in this study.

I will not use your name to ensure anonymity. The interview will stay confidential. Please remember that you are not under any obligation to take part in this exercise and in order to continue with this interview, I need your consent to proceed. Take your time to read through the document and if you agree, kindly fill in and sign the consent form to acknowledge your participation.

Thank you for your participation.

Interviewer: May I have a copy of the school’s pregnancy policy and the school’s code of conduct?

Interviewee: Sure I will provide you with one during the course of the day.

Interviewer: Sir please remember that I will also need to conduct interviews with 3 learners, as I explained earlier, one learner who has a child, one who is currently expecting and one at risk.

Interviewee: I have spoken to some staff members to assist me. As soon as we have identified learners, I will get back to you.

Interviewer: Thank you Sir, Please answer the questions to the best of your ability. I will now start with the recording.

Question 1:

1.1 Does the school have a teenage pregnancy policy?

- Yes.

1.2 When was this policy last up-dated?

- 30 October 2019

1.3 What does the school's code of conduct stipulate concerning teenage pregnancies?

- Any learner that becomes pregnant must go on maternity leave from the seventh month of her pregnancy. In the year that the learner's child is born the learner may not return back to school. This is applicable to all learners'

Question 2:

2.1 According to your records, how many teenage pregnancy cases have the school had in the past 3 years?

- +- 20

2.2 How many of the learners returned back, post-pregnancy?

- 90%

2.3 Does the school provide any support during the learner's absences?

- Yes. The school's policy states that when a learner falls pregnant and have to leave school it is accepted that a parent or class friend may take work home to a learner or parent can come and collect work so it doesn't prevent a learner from losing any work. Even SBA tasks can be accommodated, depending what was agreed to between the learner and the school. The Policy and the South African's school act in being followed. A learner is not prevented from completing any work.

Question 3:

3.1 According to your knowledge, what is the leading factor for the high rates of teenage pregnancies?

- My personal feelings are: Child grants – social grants. I think it's about cervical, they think having a child will be an income, that's the first thing. Second thing definitely in this community is alcohol I think they are... its peer pressure and alcohol it's like socialising and it's what they see in the community. They follow what they see. Monkey see monkey do.
- What will be the best possible solution to prevent teenage pregnancies?
- I think first of all social economic equity will play a big role. The other thing I think is Lindley specific Ntha, leadership or people in important positions like educators, police, any community member that youngsters have to look up to should make sure they act with integrity causes these youngsters see things and they think its correct. But social economic equity as well because the big difference in the social economic level of the people in the community.

Question 4:

How would you describe the parental involvement at school and in the community?

This community for me the parent involvement is poor. People are uninterested and what I pick up a lot is that the parents are scared of their children they are obeying their children and not the other way around. Many parents are just uninterested in what is

happening in their children's' lives. And in this community and in this school many learners are living with a grandparent or granny or an uncle or an aunt and they don't act the way a parent should act.

Question 5:

What effects do teenage pregnancies have on the school system?

It put more strain. I want to emphasise the word more. It puts more strain on the school and the system because there is less time or effort to put in for what we are here for, academics and it takes a lot of time away from what should be done at school and focuses on other problems so that definitely puts a strain on the school system.

Is the learner's academic performance influenced by the pregnancy?

Definitely, definitely, something else I also picked up is that you get two situations the one effects it negatively because a teenager is not supposed to be a parent but on the other hand some teenagers are more motivated and encourage to provide for this child. It has a negative and positive effect on them.

Question 6:

6.1 Does the school have a designated person dealing with all the teenage pregnancy cases at school?

- No I would not say there is really a person assigned at school to deal with teenage pregnancies that will, the QLTC and SBST we identify such learners but we don't have real support for them at school. The staff will know and the staff will be aware of the situation. I know staff members are supporting learners verbally or socially, emotionally, but I won't say there's a follow up system in place. I feel that's where social worker's sociologists must come in.
- What strategies are you putting in place to prevent teenage pregnancies amongst the learners at school?

- The only strategy that we really have is when the clinic sisters came and speak to them about all the consciences. In Life Orientation the syllabus covers pregnancies where they talk about the ins and outs, the musts and do nots. I also think there the school can improve on having more – let's say have a teenager who has experience this to motivate them on how to prevent it and give support. We, the school can definitely improve on that.
- What are the procedures followed after the school identified a teenage pregnancy?
- This is a difficult thing. The code of conduct states that parents or guardians should come to school so that we can talk, have a meeting. What's happening now is that these learners or these parents or I don't know which way its falling. They know the code of conduct, they know the procedures so what they do now is they keep quiet, if educators don't identify the pregnancy is going on, I mean it's obvious at a stage but the code of conduct stated that you should come and arrangements must be made but they are hiding now because they know the school is going to force them because of the code of conduct to leave at a certain stage and then the can came back at a certain stage Actually I wane say they are hiding it. They are scared, they want to stay at school and it's not like the code of conduct say they are not allowed back at school, they are scared we are going to, but it's not. They are not telling us; they are not playing open cards with us. They also feel ashamed. We don't discriminate. The peers will, but the staff we will never make an example of pregnant ladies of pregnancy learners.
- Does the school follow up on the learner's situation and life changes? Does the school keep track of the learner's whereabouts and living conditions?
- Not really. But I can say should a learner come back to school who fell pregnant, and gave birth, the SMT tend to call them in and talks to them and ask if they are all right. But that's like I said If we knew. Sometimes we don't even know a girl had a baby. She will be gone for a week of two and the next time she's back and after that you will hear she went into labour. That's way I say they are hiding

these things. The only learners receiving support are the learners who returns back to school post-pregnancy. Only the ones we were aware of.

Question 7:

7.1 How does teenage pregnancy influence the learner's life?

Personally I feel negative. Because there is a time and a place for everything. Teenagers must be teenagers, so I feel it has a negative influence they lose being a teenager. A child must be a child. It's negative. It's very sad.

Question 8:

Does the school need any support in managing teenage pregnancies? Describe the support needed.

Definitely, there I feel the Department of Health even the DoE. I feel every school in South Africa needs a full-time sociologist at school so that we can refer these learners to professionals. We are only professional up to a certain stage.

Question 9:

What impacts do teenage pregnancies have on the community?

I also feel negative; it creates more school drop outs meaning that less of our youngsters really reaches their success that they can reach. They feel that I have a child now, this is now what's important. In the mean time they could have reach success. They lose focus they lose their interest and life coals. But Like I said there are cases where learners are pushed to work even harder to become what they want because of their child. But I have also realised in households where parents are involved and supporting, if there are parents support the teenager are not that affected by the pregnancy, but where there is no support they tend to fall out of the bus, out of the system.

Question 10:

Except for teenage pregnancies, what other factors contributes to teenagers dropping out of school?

Poverty. They feel they have to go and search for work themselves. Teenagers who are looking after siblings, Teenage-households where they have to look after their younger sisters or brothers at a certain stage they feel that they have to leave school, no time for school anymore. Poverty definitely they feel that they have to go and look for work to provide for the family. Social equity, People living above the breadline a few, and too many under!

Interviewer: Thank you so much for your time. I really appreciate it.

Interviewee: It was a pleasure

ANNEXURE N: DECLARATION

**PREVENTING AND MANAGING TEENAGE PREGNANCIES AMONGS LEARNERS: A CASE
STUDY IN RURAL SCHOOLS IN THE FREE-STATE PROVINCE**

by

WINDY ELSIE MAARTENS

submitted in accordance with the requirements for
the degree of

MAGISTER EDUCATION

in

EDUCATIONAL LEADERSHIP AND MANAGEMENT

In the

COLLEGE OF EDUCATION

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR:

Professor: R.J. Botha

30 October 2021

DECLARATION

Name: **WINDY ELSIE MAARTENS**

Student number: **46315454**

Degree: **MANGISTER EDUCATIONIS EDUCATIONAL LEADERSHIP
AND MANAGEMENT**

Exact wording of the title of the thesis as appearing on the electronic copy submitted for examination:

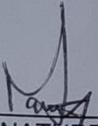
**PREVENTING AND MANAGING TEENAGE PREGNANCIES AMONGS LEARNERS: A CASE
STUDY IN RURAL SCHOOLS IN THE FREE-STATE PROVINCE**

I declare that the above thesis is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the thesis to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

(The thesis will not be examined unless this statement has been submitted.)


SIGNATURE

30 October 2021
DATE

UNIVERSITY OF SOUTH AFRICA

KEY TERMS DESCRIBING THE TOPIC OF A DISSERTATION/THESIS

The Executive Committee of Senate decided that in order to assist the Library with retrieval of information, master's and doctoral students must list approximately ten key terms which describe the topic of the dissertation/thesis at the end of the summary of the dissertation/thesis.

If the dissertation/thesis is not written in English, the key terms in English must be listed at the end of the English summary.

The following is an example of key terms used for a thesis:

Title of thesis:

PREVENTING AND MANAGING TEENAGE PREGNANCIES AMONGS LEARNERS: A CASE STUDY IN RURAL SCHOOLS IN THE FREE-STATE PROVINCE

KEY TERMS:

Academic performance; Intelligence; Attitudes; Interest; Personality; Health risks; Economic growth; Social economic equity; Low self-esteem; Infant neglecting; Peer pressure; Sexual abuse; Adolescents.

ANNEXURE O: ETHICS APPROVAL FORM



UNISA COLLEGE OF EDUCATION ETHICS REVIEW COMMITTEE

Date: 2021/02/10

Ref: **2021/02/10/46315454/15/AM**

Name: Mrs WE Maartens

Student No.:46315454

Dear Mrs WE Maartens

Decision: Ethics Approval from
2021/02/10 to 2024/02/10

Researcher(s): Name: Mrs WE Maartens
E-mail address: 46415454@mylife.unisa.ac.za
Telephone: 0734685458

Supervisor(s): Name: Prof RJ Botha
E-mail address: Botharj@unisa.ac.za
Telephone: 0824116361

Title of research:

Preventing and managing teenage pregnancies among learners: A case study in rural schools in the Free-State province.

Qualification: MEd Education Management

Thank you for the application for research ethics clearance by the UNISA College of Education Ethics Review Committee for the above mentioned research. Ethics approval is granted for the period 2021/02/10 to 2024/02/10.

*The **low risk** application was reviewed by the Ethics Review Committee on 2021/02/10 in compliance with the UNISA Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.*

The proposed research may now commence with the provisions that:

1. The researcher will ensure that the research project adheres to the relevant guidelines set out in the Unisa Covid-19 position statement on research ethics attached.
2. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.



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Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

4. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
5. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing.
6. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
7. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data requires additional ethics clearance.
8. No field work activities may continue after the expiry date **2024/02/10**. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **2021/02/10/46315454/15/AM** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Kind regards,



Prof AT Motlhabane
CHAIRPERSON: CEDU RERC
motlhat@unisa.ac.za



Prof PM Sebate
EXECUTIVE DEAN
Sebatpm@unisa.ac.za

ANNEXURE P: TURNITIN REPORT

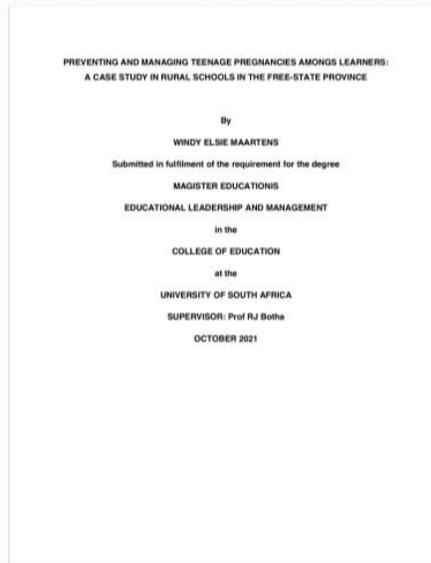


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ANNEXURE Q: EDITOR'S DECLARATION

LANGUAGE PRACTITIONER DECLARATION

I,

DR MAUREEN LILIAN KLOS,

Being the holder of the following qualifications:

BA; STD; BEd (*cum laude*); MEd (*cum laude*); DEd

Hereby certify that I am the English language editor for the following document:

**PREVENTING AND MANAGING TEENAGE PREGNANCIES AMONGST LEARNERS: A CASE STUDY IN
RURAL SCHOOLS IN THE FREE STATE**

By

WINDY ELSIE MAARTENS

**I hereby certify that I have edited the language usage in the above document in its
entirety.**



LANGUAGE PRACTITIONER

24 October 2021

Date