

**CHALLENGES EXPERIENCED BY PREGNANT ADOLESCENT
LEARNERS IN A SCHOOL SETTING IN LIMPOPO PROVINCE**

By

Nakedi Elisa Lekalakala

Submitted in partial fulfilment of the requirements for the degree

MSW EAP

In the

DEPARTMENT OF SOCIAL WORK AND CRIMINOLOGY

FACULTY OF HUMANITIES

At the

UNIVERSITY OF PRETORIA

SUPERVISOR: PROFESSOR C.S.L DELPORT

2015

UNIVERSITY OF PRETORIA
FACULTY OF HUMANITIES
RESEARCH PROPOSAL & ETHICS COMMITTEE

DECLARATION

Full name : NAKENI ELISA LEKALAKALA

Student Number : 10597523

Degree/Qualification: MSWEAP

Title of thesis/dissertation/mini-dissertation:
CHALLENGES EXPERIENCED BY PREGNANT
ADOLESCENT LEARNERS IN A SCHOOL
SETTING IN LIMPOPO PROVINCE

I declare that this thesis / dissertation / mini-dissertation is my own original work. Where secondary material is used, this has been carefully acknowledged and referenced in accordance with university requirements.

I understand what plagiarism is and am aware of university policy and implications in this regard.



SIGNATURE

02 NOVEMBER 2015

DATE

ACKNOWLEDGEMENTS

I would like to thank the following people:

- The Almighty God for giving me the strength throughout my studies.
- My husband, Masenya Lucas, for the support and encouragement he shows me through thick and thin.
- My daughter, Dineo, for trusting that I can do all things through Christ who strengthens me.
- My sons, Thapelo and Itumeleng, for their patience and perseverance during my studies.
- Today we can all stand up tall and declare our victory. There is no victory without a battle.
- To all the learners who voluntarily participated in this study. May God richly bless you, without your assistance I wouldn't have finished this study.
- The Department of Education, Limpopo, for giving me permission to conduct the study and making available the necessary support and required resources.
- My supervisor, Professor C.S.L. Delpont, for her guidance, patience, support and encouragement throughout this study. May you be blessed and be a blessing to others.
- My family and friends for their professional guidance and support.

Thank you all.

ABSTRACT

CHALLENGES EXPERIENCED BY PREGNANT ADOLESCENT LEARNERS IN A SCHOOL SETTING IN LIMPOPO PROVINCE

BY

NAKEDI ELISA LEKALAKALA

SUPERVISOR: PROFESSOR C.S.L DELPORT

DEPARTMENT OF SOCIAL WORK AND CRIMINOLOGY

DEGREE: MSW: EMPLOYEE ASSISTANCE PROGRAMME

Teenage pregnancy is a concern in the schools, both in the international and national arena. This social problem is confirmed by previous research studies conducted by the South African Department of Education in 2012.

Therefore a qualitative research approach was appropriate to determine the challenges experienced by pregnant adolescent learners. In this study applied research was applicable due to the fact that it focuses on problem solving in practice and emphasises the participation of the learners who are experiencing challenges by involving them in finding a solution to their challenges.

In this study the researcher wanted to make recommendations based on the results of the project, to address the challenges experienced by pregnant adolescent learners in the school setting.

In the context of qualitative research the collective case study design was applicable in this study; the researcher collected information through semi-structured interviews.

The researcher utilised a probability sampling technique, namely systematic sampling, to select a sample. Qualitative data was collected from a sample of 12 teenage pregnant learners in three different schools in the Department of Education, Seshego Circuit in the Limpopo province. Valuable conclusions emanated from the findings of this research study and relevant recommendations were made to prevent teenage pregnancy in the school setting.

Key Words

Teenage pregnancy

Adolescent

Educational system / school setting

TABLE OF CONTENTS

CHAPTER 1: GENERAL BACKGROUND OF THE STUDY	1
1.1 INTRODUCTION	1
1.2 THEORETICAL FRAMEWORK OF THE STUDY.....	2
1.3 RATIONALE AND PROBLEM STATEMENT	3
1.4 GOAL AND OBJECTIVES OF THE STUDY.....	4
1.4.1 Goal of the study	4
1.4.2 Objectives of the study	4
1.5 RESEARCH QUESTION	5
1.6 RESEARCH METHODOLOGY.....	5
1.7 LIMITATIONS OF THE STUDY	7
1.8 CONTENTS OF THE RESEARCH REPORT	7
CHAPTER 2: LITERATURE REVIEW: TEENAGE PREGNANCY AS A SOCIAL PHENOMENON	8
2.1 INTRODUCTION	8
2.2 DEFINITION OF TEENAGE PREGNANCY.....	9
2.3 PREVALENCE OF TEENAGE PREGNANCY	9
2.3.1 The international context.....	10
2.3.2 Developing countries with specific emphasis on the sub-Saharan African context.....	11
2.3.3 The South African context	13
2.3.4 The Limpopo context.....	14
2.4 CAUSES OF TEENAGE PREGNANCIES	15
2.4.1 Customs and traditions	16
2.4.2 Lack of parental guidance	16
2.4.3 Welfare grants.....	17
2.4.4 Lack of sex education	18
2.4.5 Poverty	19
2.4.6 Contraceptives	19
2.4.7 Peer pressure.....	20
2.4.8 Sexual abuse	21

2.4.9	Adolescent sexual behaviour	21
2.4.10	Drugs and alcohol	22
2.5	THE EFFECTS OF TEENAGE PREGNANCY.....	22
2.5.1	Health consequences.....	23
2.5.2	Educational consequences	24
2.5.3	Economic consequences	26
2.5.4	Social consequences	26
2.6	LEGISLATION	27
2.6.1	The South African Children's Act (Act No 30 of 2005)	27
2.6.2	The Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act No 32 of 2007).....	28
2.6.3	The Choice on Termination of Pregnancy (CToP) Act (Act No 92 of 1996).....	28
2.6.4	Educational Policy Act (Act No 27 of 1996).....	28
2.7	CONCLUSION.....	29
CHAPTER 3: RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS.....		30
3.1	INTRODUCTION	30
3.2	GOAL AND OBJECTIVES OF THE STUDY.....	30
3.2.1	Goal of the study	30
3.2.2	Objectives of the study.....	30
3.3	RESEARCH METHODOLOGY.....	31
3.3.1	Research approach.....	31
3.3.2	Type of research	31
3.3.3	Research design	32
3.3.4	Study population and sampling	32
3.3.4.1	Population	32
3.3.4.2	Sample and Sampling method.....	32
3.3.5	Data collection.....	33
3.3.6	Data analysis.....	33
3.3.6.1	Planning for recording data.....	34
3.3.6.2	Data collection.....	34

3.3.6.3	Managing data.....	34
3.3.6.4	Reading and writing memos.....	34
3.3.6.5	Generating categories and coding the data.....	34
3.3.6.6	Visualising representing and displaying the data.....	35
3.3.7	Trustworthiness.....	35
3.3.7.1	Member checking.....	35
3.3.7.2	Peer review and debriefing.....	35
3.3.8	Pilot Study.....	35
3.4	ETHICAL CONSIDERATIONS	36
3.4.1	Avoidance of harm	36
3.4.2	Informed consent	36
3.4.3	Deception of subjects.....	37
3.4.4	Violation of privacy/anonymity/confidentiality	37
3.4.5	Actions and competence of researcher	37
3.5	EMPIRICAL FINDINGS	37
3.5.1	Section A: Biographical profile of the research participants	37
3.5.1.1	Age of participants.....	38
3.5.1.2	Grade of participants.....	39
3.5.1.3	Race of participants.....	39
3.5.1.4	Duration of pregnancy.....	40
3.5.1.5	Number of members in the household.....	41
3.5.1.6	Parents/Guardians of the participants	42
3.5.2	Section B: Qualitative Findings in Themes and Sub-themes	42
3.5.2.1	Theme 1: The general effect of teenage pregnancy on participants.....	43
3.5.2.2	Theme 2: The socio-economic challenges experienced by participants in the school setting.....	44
3.5.2.3	Theme 3: The physical challenges experienced by participants in the school setting.....	48

3.5.2.4 Theme 4: The emotional challenges experienced by participants in the school setting.....	49
3.5.2.5 Theme 5: The educational challenges experienced by participants in the school setting.....	52
3.5.2.6 Theme 6: Coping mechanism of participants.....	54
3.6 CONCLUSION.....	56
CHAPTER 4: KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.....	57
4.1 INTRODUCTION.....	57
4.2 KEY FINDINGS AND CONCLUSIONS.....	58
4.2.1 Objective 1.....	58
4.2.2 Objective 2.....	58
4.2.3 Objective 3.....	59
4.2.4 Objective 4.....	60
4.2.5 Objective 5.....	60
4.3 RECOMMENDATIONS.....	61
4.4 ACCOMPLISHMENT OF THE GOAL AND OBJECTIVES OF THE STUDY....	63
4.5 CONCLUDING REMARKS.....	64
REFERENCES.....	66

LIST OF FIGURES

Figure 1: Age of participants.....	38
Figure 2: Grade of the participants.....	39
Figure 3: Race of the participants.....	39
Figure 4: Duration of pregnancy.....	40
Figure 5: Number of members in the household.....	41
Figure 6: Parents/Guardians of the participants.....	42

LIST OF TABLES

Table 1: Learner pregnancy rates in South Africa during the period 2004-2008	13
Table 2: A summary of identified themes and sub-themes	43
Table 3: Accomplishment of the study objectives	64

LIST OF APPENDICES

Appendix A: Permission letter from the Limpopo, Department of Education	
Appendix B: Letter of ethical clearance	
Appendix C: Respondents' letter of informed consent and informed assent	
Appendix D: Editorial letter	
Appendix E: Interview Schedule	

CHAPTER 1

GENERAL BACKGROUND OF THE STUDY

1.1 INTRODUCTION

There is an increasing number of adolescent pregnant learners worldwide, both in primary and secondary schools (Meade & Isckovics, 2005:419). This is also the prevalence in the South African context. In this regard the Minister of Education, Angie Motshega, indicated in 2011 that over 100 primary school girls and 5000 secondary school girls in the Gauteng province alone became pregnant in 2011 (Motshega, 2012).

The same trend is observed in the Limpopo province, reflecting an increasing number of adolescent pregnant learners yearly (Modjadji, 2011:14). The prevalence of pregnant adolescent learners was also confirmed by three Life Orientation educators, namely Phoshoko (2012), Setati (2012) and Matji (2012) in three different schools in the Seshego Circuit in the Limpopo Province where the researcher undertook the research. The rapid increase in pregnant adolescent learners prompted an exploration of the challenges experienced by pregnant adolescent learners, specifically in the school setting. From a literature review it became clear that research has been done on teenage pregnancy as a social phenomenon, but little is done on the challenges the pregnant adolescent learners are experiencing in the school setting, hence this study filled the gap.

According to Swartz, de la Rey, Duncan and Townsend (2011:5) adolescence is the “period of transition from childhood to adulthood”. It is a recognised stage of life in hundreds of societies across the world. Adolescence is “the period between the onset of puberty and full maturity; youth” (Brooker, 2006:5). It is characterised by profound biological, psychological, and social developmental changes (Sadock & Sadock, 2003:35). It is a developmental transition that involves physical, cognitive, emotional and social changes and takes varying forms in different social, cultural and economic

settings (Papalia, Olds & Feldman, 2009:354). For this study the researcher defined an adolescent as a teenager from the ages of 13 to 18 years.

Due to the focus of the study namely teenage adolescent pregnancy the concept teenage pregnancy means pregnancy occurring in a young girl between the ages of 13 to 18 years. In this regard the World Health Organisation (2008:5) refers to the concept as “pregnant women who have not reached legal adulthood namely, 18 years of age.

Furthermore as the aim of the study was to explore the challenges of pregnant adolescent learners the concept challenge is a general term referring to situations that are imbued with a sense of difficulty and victory (World Health Organisation, 2008:5). Relating to this study the challenges that the researcher focused on were social, economic, educational, emotional and physical challenges or difficulties that the pregnant learner experiences in the educational setting.

In the South African context learner means “any person receiving education or obliged to receive education” (South African Schools Act 84 of 1996). In this study a learner will refer to a school going child who is learning something.

1.2 THEORETICAL FRAMEWORK FOR THE STUDY

The study was undertaken from an ecological systems theory perspective. According to the ecological systems theory, the person and his/her environment are dependent on one another. Therefore, this theory brings understanding of the various ways a person may adapt to an ever-changing environment in order to cope and survive. The ecological systems theory argues that the behaviour of an individual always occurs within a particular environment (Shearfor & Horesji, 2008:40). This is important in the context of this study as the pregnant adolescent’s behaviour will also be influenced by the specific school environment.

The ecological systems theory implies that the actions of an individual or a group always have an effect on other persons and groups in society (Shearfor & Horesji,

2008:50). This could be linked to the phenomenon of teenage pregnancies in that it does not only affect the concerned person, but also other people surrounding them and the society as a whole. Therefore it implies that teenage pregnancies have far reaching consequences for both the learner and the school system. In this study the pregnant adolescent learner as an individual is an active person who interacts within the school setting as the environment.

Ecological systems theory views the child as developing within complex systems of relationships affected by multiple levels of the surrounding environment (Berk, 2006:26). The statement is supported by the National Cancer Institute (2005) stating that the environment is a series of nested structures that include home, school and neighbourhood settings in which children spend their everyday lives. Furthermore, the ecological systems theory looks at the intrapersonal as well as the interpersonal level of functioning of the individual (Berk, 2006:28). In the context of this study the individual is the pregnant adolescent learner and her intrapersonal level is her knowledge, attitude, beliefs and personality, while her interpersonal level will be her family, friends and peers.

The community level will be the rules, regulations and policies which guide her behaviour (National Cancer Institute, 2005:100). The challenges pregnant adolescent learners face in the school environment may have an impact on their school performance as well as their holistic psychosocial functioning within different systems. The major concern of this study is to explore the challenges adolescent pregnant learners are facing in the educational setting which may influence the manner in which such learners can cope within the formal system, namely the school.

1.3 RATIONALE AND PROBLEM STATEMENT

While available literature outlined statistics of teenage pregnancy as a social phenomenon, little is known about the challenges that the pregnant adolescents are facing in the educational setting. The researcher being a teacher and thus exposed to

pregnant adolescent learners in the school setting, observed that pregnant adolescent learners experience different challenges in the school setting.

Information is thus needed on these challenges in order to elaborate on the consequences of pregnancy for adolescents themselves, as well as for the education system and how to deal with these challenges. As a lot of teenagers become pregnant whilst still at school, it became necessary to determine their challenges and the perception of school going teenagers regarding their pregnancies.

This study was conducted in the Seshego Circuit in the Limpopo Province where an increasing rate in adolescent pregnancies was identified (Modjadji, 2011:4; Department of Health, 2012a). Information regarding the challenges experienced by pregnant learners from their own frame of references will fill the gap in literature on the discussion of social, health, emotional and educational challenges adolescents face in the educational setting.

By exploring these challenges strategies can be promoted to enhance these learners' educational performances. The results can also be used to provide direction towards improving policies in the Department of Education in order to deal more effectively with the phenomenon of adolescent pregnancy.

1.4 GOAL AND OBJECTIVES OF THE STUDY

1.4.1 Goal of the study

The study aimed to explore the challenges pregnant adolescent learners are experiencing in the school setting.

1.4.2 Objectives of the study

In order to obtain the goal of the study the following objectives were formulated.

- To explore the socio-economic challenges pregnant adolescent learners are experiencing in the school setting.

- To explore the physical challenges pregnant adolescent learners are experiencing in the school setting.
- To explore the emotional challenges pregnant adolescent learners are experiencing in the school setting.
- To explore the educational challenges pregnant adolescent learners are experiencing in the school setting.
- To determine the coping mechanisms and support systems of pregnant adolescent learners within the school setting.

1.5 RESEARCH QUESTION

Given the explorative nature of the study, the following research question was formulated:

What challenges are experienced by pregnant adolescent learners in the school setting?

1.6 RESEARCH METHODOLOGY

The qualitative research approach was utilised in this study as the researcher wanted to understand the complex situation of pregnant adolescent learners in the school setting, from the participant's point of view (Fouche & Delpont, 2011:64). By interviewing participants the researcher elicited the meaning of their experiences attached to their everyday life (Fouche & Delpont, 2011:64) in the school setting. It also allowed for the open discovery and documentation of participants' personal experiences and views, as stated by Creswell (2003:90).

The researcher wanted to apply and tailor knowledge to address a certain problem in practise hence applied research was involved (Sarantakos, 2005:10). In the case of this study the problem was pregnant learners in practice. The challenges pregnant learners were facing showed that there was a problem in practise in the educational setting. The

researcher wanted to make recommendations based on the results of the project, to address the challenges pregnant adolescent learners were experiencing in the school setting.

For the purpose of this study, the researcher used the collective case study design. The collective case study is an instrumental case study extended to a number of cases (Fouche & Schurink, 2011:307). For the present study, semi-structured interviews were used to collect data from a number of cases. The cases herein referred to a number of pregnant adolescents and an exploration of the different challenges each participant was experiencing in the school setting.

The research was conducted in the Seshego Circuit in the Polokwane area of the Limpopo province. The population was all the learners in Grade 8 to 11 who became pregnant during 2013 in three of the ten high schools in the Seshego Circuit. In total the population size was 60.

A sample of 12 pregnant adolescent learners was selected from the three high schools in the Seshego Circuit. In order to select randomly the three schools from the ten high schools in the Seshego Circuit the researcher used simple random sampling. The researcher wrote the names of each of the ten high schools on a piece of paper and then put it in a box, after which three names were randomly selected.

To select a sample of 12 pregnant adolescent learners the researcher selected 4 participants from each of the selected three schools. The researcher compiled a list of participants in each of the three selected schools based on the following criteria: adolescent pregnant learners between 14 and 18 years of age, who were willing to participate and who were in Grade 8 to 11 during 2013. From each list the researcher selected 4 participants systematically (Strydom, 2011:228) by selecting the first participant randomly and thereafter every third name on the list. The researcher utilised thus a combination of simple random sampling and systematic sampling to select the sample of 12 participants.

For data collection the researcher used semi-structured interviewing to interview the 12 participants individually that had an experience of teenage pregnancy while at school. The responses of participants were audio recorded for data analysis purposes. The research methodology will be described in detail in chapter 3.

1.7 LIMITATIONS OF THE STUDY

The study has been mainly restricted in the following way:

- Money and time have restricted this study to 12 pregnant adolescent learners. Due to the small sample size findings could not be generalised to the whole population of pregnant adolescent learners.

1.8 CONTENTS OF THE RESEARCH REPORT

Chapter 1: General background of the study

Chapter 1 provides background to the research, outline the goal and objectives of the study, the research question, a brief description of the research methodology used in the study and the limitations of the study.

Chapter 2: Literature study

Chapter 2 provides a literature review regarding teenage pregnancy as a social phenomenon within the education system.

Chapter 3: Research methodology and empirical findings

Chapter 3 presents details concerning the methodological procedures utilized in this study as well as the presentation of the research findings.

Chapter 4: Conclusions and recommendations

Chapter four provides a description of the key research findings and conclusions, as well as the recommendations resulting from the findings.

CHAPTER 2

LITERATURE REVIEW: TEENAGE PREGNANCY AS A SOCIAL PHENOMENON

2.1 INTRODUCTION

Available research findings from both the distant and recent past indicate that teenage pregnancy is a social problem in both developed and developing countries (Meade & Isckovics, 2005; National Campaign to Prevent Teen Pregnancy, 2003; Sarri & Phillips, 2004). The studies of Mohase (2006) and Ngidi (2007) concur with the findings that teenage pregnancy is a social problem with many contributing factors.

Teenage pregnancy has recently been the subject of substantial debates in social science research according to Macleod (2003). The author further postulates that while South Africa's fertility rate is low as compared to that of other African countries, the country has a high level of fertility among teenage girls. By the age of 18 years, one in five teenagers in the population have given birth and by the age of 20, more than 40% have become mothers. In almost two thirds of cases, teenage pregnancies are unplanned and unwanted (Macleod, 2003). According to Swartz (2004) teenage pregnancies in developed countries are usually outside of marriage and carry a social stigma in many countries and cultures.

Therefore, this chapter will review the literature and debates regarding teenage pregnancy as a social phenomenon with specific emphasis on the definition of teenage pregnancy, the prevalence of teenage pregnancy, the causes and effect of teenage pregnancy, relevant legislation, and the challenges learners experience in the school setting.

2.2 DEFINITION OF TEENAGE PREGNANCY

In order to understand teenage pregnancy it is important to define the concept from different viewpoints.

Teenage or adolescent pregnancy means pregnancy in a woman aged 10 to 19 years (Treffers, 2005:5). Spencer (2011:45) defines teenage pregnancy as “pregnancy occurring in a young girl between the age of 13 and 19 years”, whereas Macleod (2011:45) defines teenage pregnancy as “a social problem in which adult practices and functions (sexual intercourse, reproduction, mothering) are displayed by a person who, owing to her age and developmental status, is not yet adult, that is, adult, but not adult, child, but not child”. It is found commonly amongst young people who have been disadvantaged and have poor expectations with regard to either their education or the job market (Mothiba & Maputle, 2012:4). According to the World Health Organisation (2008:5), the term in everyday speech usually refers to pregnant women who have not reached legal adulthood (18 years of age).

In the context of this study teenage or adolescent pregnancy means pregnancy occurring in a young girl between the age of 13 and 18 years.

2.3 PREVALENCE OF TEENAGE PREGNANCY

Teenage pregnancy occurs in all societies, although the extent and consequences vary from place to place (World Health Organisation, 2008:4). The extent of teenage pregnancy will thus be discussed in terms of worldwide trends, trends within the African and South African context, as well as the prevalence thereof in the Limpopo province where the study was conducted.

2.3.1 The international context

As mentioned above, teenage pregnancy is a social problem in both developed and developing countries. For instance, in the United States of America (USA) teenage pregnancy rates vary from state to state (Hamilton & Ventura, 2012). According to the Guttmacher Institute (2006) Nevada and the District of Columbia have the highest teen pregnancy rates in the USA, while North Dakota has the lowest. Over 80% of teenage pregnancies in the USA are unintended; approximately one third ends in abortion, one third ends in spontaneous miscarriage and one third will continue their pregnancy and keep the baby (Speidel, Harper & Shields, 2008).

According to Hamilton and Ventura (2012) the USA teen birth rate was 53 births per 1,000 women aged 15 to 19 in 2002; the highest in the developed world. If all pregnancies, including those that end in abortion or miscarriage, are taken into account the total rate in 2000 was 75, 4% pregnancies per 1,000 girls. More recently, in 2008, an estimated 733,000 teenagers (aged 15 to 19) in USA became pregnant, approximately 106,000 had miscarriages, and 192,000 had legal abortions. In 2011, teen births accounted for 8.4% of all births and 18.4% of all non-marital births in the USA. This trend is confirmed by Hamilton and Ventura (2012) who refer to the fact that in 2011, of the 333,771 births to females under the age of 18, 20.89% (295,718 births) were to unmarried teenagers.

Teenage pregnancy continues to be prevalent in the USA, with nearly one million teenage girls becoming pregnant each year (Meade & Isckovics, 2005; National Campaign to Prevent Teen Pregnancy, 2003; Sarri & Phillips, 2004). The country's adolescent pregnancy rate remains the highest among western industrialised nations, with four out of every 10 pregnancies occurring in women younger than age 20 (Dangal, 2006; Farber, 2003; SmithBattle, 2003; Spear, 2004; National Campaign to Prevent Teen Pregnancy, 2003; Rothenberg & Weissman, 2002).

If compared to other western countries it seems that the teenage pregnancy rate of the USA was one and a half times that of the United Kingdom (UK) and nearly eight times that of Japan and the Netherlands. In this regard teen birth rates were as follows: five

births per 1,000 teens aged between 15 and 19 in Japan and the Netherlands; 10 per 1,000 in Germany; 14 per 1,000 in Canada; 25 per 1,000 in the UK; and 38 per 1,000 in the USA (Singh & Darroch, 2000:44). In some countries, such as Italy and Spain, the low rate of adolescent pregnancy (six births per 1,000 women aged between 15 and 19 in 2002 in both countries) may be attributed to social stigmatisation (Singh & Darroch, 2000:45).

The Department of Health and Human Services stated that teenage pregnancy is a serious international problem (Department of Health, 2012a). Although the developed countries are making much progress in lowering those rates by developing relevant strategies, they still have a long way to go (Realini, 2004:33). This is evidenced by the fact that in 2010, the teenage birth rate in the USA reached a historic low of 34.3 births per 1,000 women aged 15 to 19 (Hamilton & Ventura, 2012).

The report on World Population Day (2011) has stated that it is estimated that 16 million teenage girls worldwide give birth every year. Many are in Africa or other developing countries (UNFPA, 2001:8).

2.3.2 Developing countries with specific emphasis on the sub-Saharan African context

As mentioned above, the World Health Organisation (2008:16) confirmed that about 16 million teenage girls aged between 15 and 19 years give birth each year, which is about 11% of all births worldwide. Of these births, 95% occur in low- and middle-income countries. The average adolescent birth rate in middle-income countries is more than twice as high as that of high-income countries, with the rate in low-income countries being five times as high. The proportion of births that occur during adolescence is about 2% in China, 18 % in Latin America and the Caribbean, and more than 50% in sub-Saharan Africa.

World Health Organisation (2008:18) postulates that half the women in sub-Saharan Africa and about one third in Latin America and the Caribbean give birth before the age

of 20. The regional average rate of births per 1000 women aged 15-19 years is 115 in Africa, 75 in Latin America and the Caribbean and 39 in Asia compare to the world average adolescent fertility rate of 54 births per 1000 women aged 15-19 years.

The proportion of women who become pregnant before the age of 15 varies enormously, even within regions in sub-Saharan Africa. For example, the rate in Rwanda is 0.3% versus 12.2% in Mozambique (World Health Organisation, 2008:17).

Treffers (2005: 67) also confirm that the highest rate of teenage pregnancy in the world – 143 per 1,000 girls aged 15 to 19 years, is in sub-Saharan Africa. However it is important to note that women in Africa, in general, get married at much younger ages than women elsewhere – leading to earlier pregnancies (Locoh, 2000:56).

A report by Save the Children (2000) identified 10 countries where motherhood carried the most risks for young women and their babies. Of these, nine were in sub-Saharan Africa, with Niger, Liberia and Mali the nations where girls were the most at risk. In the 10 highest-risk nations, more than one in six teenage girls between the ages of 15 to 19 gave birth annually, and nearly one in seven babies born to these teenagers died before the age of one year.

In the Indian subcontinent premarital sex is uncommon, but early marriage sometimes means adolescent pregnancy (World Health Organisation, 2008:7). The rate of early marriage is higher in rural regions than it is in urbanised areas. Fertility rates in South India range from 71 to 119 births per 1000 women aged 15 to 19. Thirty percent of all Indians in India induced abortions are performed on women who are under 20 (World Health Organisation, 2008:7)

Other parts of Asia also have shown a trend towards increasing age at marriage for both sexes. In South Korea and Singapore, marriage before age 20 has all but disappeared and, although the occurrence of sexual intercourse before marriage has risen, rates of adolescent childbearing are low at four to eight per 1000. Although the

rate of early marriage and pregnancy has decreased sharply in Indonesia and Malaysia, it remains high in comparison to the rest of Asia (World Health Organisation, 2008:8).

2.3.3 The South African Context

The magnitude in South Africa poses a grave concern (Kyei, 2012:30). In a study conducted by Panday, Makiwane, Ranchod and Letsoalo (2009:22), as shown in Table 1 below, an increase in pregnant adolescent learners between the period 2004 and 2008 was revealed.

Table 1: Learner pregnancy rates in South Africa during the period 2004-2008

Year	Number of pregnant learners	
	Learners/1000 registered	Number of learners captured
2004	51.42 %	8058
2005	55.69 %	9691
2006	56.34 %	9031
2007	62.81 %	16336
2008	58.22 %	16320

The statistics as reflected in Table 1 shows that there is a rapid increase in teenage pregnancy in South Africa. This trend was confirmed by Health Statistics (2007) which indicated that the teenage pregnancy rate in South Africa was 90% higher in 2007 than in previous years as well as Sosibo (2007) who mentioned that in 2006 over 72,000 girls aged between 13 and 19 years did not go to school because they were pregnant. Sodi (2010:4) postulated that teenage pregnancy has become a national epidemic as the country is experiencing an alarming escalation of teenage pregnancy. The high prevalence of teenage pregnancy is also highlighted by Love Life (2009), Planned Parenthood Association of South Africa (2003), as well as research done by Bhana, Clewes, Morrel and Shefer (2008:79-90). More recently in a study conducted by Nivashni (2011), it was indicated that 1260 learners were recorded in Kwazulu Natal as

being pregnant in 2011. The magnitude of this phenomenon in South Africa is further reflected by Health Minister Aaron Motswaledi in the *Observer* (2012) who stated that 5000 schoolgirls were pregnant between 2009 and 2010 in the Gauteng province alone. According to Duddy (2012) the Tonga District Hospital in Mpumalanga reported that 1216 teenagers gave birth at this hospital alone during 2012.

According to the Department of Education (2009) Mpumalanga, the Northern Cape, Limpopo and the Eastern Cape provinces have the highest levels of teenage pregnancy.

A study by the Human Sciences Research Council (HSRC) reported that teenage pregnancy increased in all race groups in South Africa, except in the case of Indians (Makiwane, Desmond, Richter & Udjo, 2006). Teenage pregnancy in South Africa is driven by many factors, including: gender inequalities; gendered expectations of how teenage boys and girls should act; sexual taboos (for girls) and sexual permissiveness (for boys); poverty; poor access to contraceptives and termination of pregnancies; inaccurate and inconsistent contraceptive use; judgmental attitudes of many health care workers; high levels of gender-based violence; and poor sex education (Jewkes, Morrell & Christofides, 2009; Panday, Makiwane, Ranchod & Letsoalo, 2009).

2.3.4 The Limpopo context

Due to the fact that this study was conducted in the Limpopo Province, the researcher is of the opinion that it is relevant to specifically discuss the prevalence of teenage pregnancy in this province.

In 2010, the Limpopo Department of Social Development commissioned a qualitative study titled "Factors associated with teenage pregnancy in Limpopo Province". The findings from the study showed that teenage pregnancy in the Limpopo province is very high (Farrer, 2010:40). This is confirmed by Modjadji (2011) who reported that 57% of teenage girls, some as young as 13 years, in the Limpopo province schools were pregnant in the year 2010.

According to the Department of Health (2012 b) in the Limpopo Province where this study was conducted there is a growing trend of pregnant learners emerging in the Mopani and Vhembe regions. In Limpopo province the Department of Health (2012b) reports that out of every 94,778 babies born at public health facilities, 10,001 babies are born to teenage mothers. Masinga (2013:9) compared the birth rates between different provinces. In these regard teenage birth rates were as follows: Eastern Cape were 68 pregnancies per 1,000 pupils, with a figure of 62 per 1000 pupils in KwaZulu-Natal, 60 per 1000 in Limpopo, 59 per 1000 in the Northern Cape and 55 per 1000 in Mpumalanga and the North West. Furthermore Dube (2010) highlights that the Limpopo province has the highest number of teenage pregnancies at 17% of the teen population, closely followed by the Northern Cape and Free State at 15%.

Senyatsi (2013:4) supported the above statement by stating that The Polokwane Municipality was also worried about teenage pregnancy. The report by Senyatsi (2013) indicated that 411 girls from secondary schools in Seshego in Limpopo province attended the event in partnership with the Polokwane Municipality at Ngoako Ramahlodi Sports Complex to address the issue of teenage pregnancy.

2.4 CAUSES OF TEENAGE PREGNANCIES

The incidence of teenage pregnancy is increasing and this has become a worldwide concern with various contributing factors (Realini, 2004:33). Teenage pregnancies may occur for different reasons in industrialised countries as compared to developing countries, according to the United Nations Children's Education Fund (UNICEF, 2008:8). Regarding the causes of teenage pregnancy, a review of the literature shows that a number of contributory factors have been identified. The most prominent causes of teenage pregnancy are customs and traditions, the lack of parental guidance, welfare grants, the lack of sex education, poverty, contraceptives, peer pressure, and drugs and alcohol (Wang Wang & Hsu, 2003). Each of these causes will be discussed briefly.

2.4.1 Customs and traditions

We are living in a culturally diverse world and each culture has its own belief systems. Some cultures view teenage pregnancy positively, specifically groups where economic oppression limits other routes to self-development (Shanok & Miller, 2007). In other cultures pregnancy is a means of gaining status and becoming independent and responsible (Sieger, 2007:45). The teenagers also want to be counted as responsible mothers; hence teenagers become pregnant as they want to establish their identity. Therefore, these cultural beliefs may evoke different responses and lead to teenage pregnancy. In some societies traditional roles, such as encouraging circumcisions (koma), are determining the rate of teenage pregnancy. Most teenage pregnancies in South Africa appear to be unplanned because of customs and traditions. Early birth is often seen as a blessing, because it is proof of the young woman's fertility (East & Jacobson, 2001). Furthermore, early initiation of sexual activity has been reported to be related to teenage pregnancy (Tremblay & Frigon, 2004). According to Mba (2003), the youth in sub-Saharan Africa are initiated into sexual activity as early as age 12 (girls) and 13 (boys), and the early initiation into sexual activity was seen to be directly correlated with reproductive health problems, including HIV infections and other sexually transmitted diseases.

2.4.2 Lack of parental guidance

Despite the extensive attention paid to adolescent sexuality and teenage pregnancy in the past 30 years, many teenagers are still falling pregnant (Mfono, 2003:3). As a result of poor or no parental guidance and control, some children engage in sexual activities at a very young age. This is confirmed by Mfono (2003:3), who conducted a study on teenage pregnancy in which it is revealed that teenage pregnancy is high among child-headed households. In the Seshego Circuit, Limpopo province, where the researcher conducted the research, many children are part of child-headed households. The teenagers in those households often engage in sexual activities in exchange for money to help them to survive. This is confirmed by three life orientation educators in the Limpopo Province, Phoshoko (2012), Setati (2012) and Matji (2012) who mention that lack of parental guidance is one of the causes to teenage pregnancy.

Furthermore, in the surrounding villages where the researcher conducted the research, talking about sex is a taboo. Parents do not discuss sex education with their children and teenagers turn to their friends for direction on whether or not to have sex, resulting in misinformation and possible teenage pregnancy (Phoshoko, 2012; Setati, 2012; Matji, 2012).

The lack of parental guidance and supervision is a major cause of teenage pregnancy (Wang Wang & Hsu, 2003). According to Stock, Jacqueline, Michelle, Bell, Debra, Boyen, Frederick and Connell (2004) most teenage mothers have not been educated about sex prior to becoming pregnant, due in part to a lack of communication between the teenager and her parents. Parents sometimes knowingly provide false information about sex to discourage their children from participating in it. Teenagers who are uneducated about sex are more likely to experience an unintended pregnancy. Some teens do not fully understand the biological and emotional aspects associated with having sex. These teens may acquire incorrect information from friends, videos, sitcoms and/or films. Consequently, teens do not have the knowledge needed to make informed and responsible decisions about whether or not to engage in sexual activity that can alter their life (Stock et al., 2004).

2.4.3 Welfare grants

There are different types of welfare grants in South Africa and the Child Support Grant is one of these grants. The goal of the Child Support Grant is to alleviate poverty (South African Social Security Agency Act, 74 of 1996). Currently children from birth to 18 years are eligible for the grant and primary caregivers receive R310 per month since 1 April 2014. A widespread belief in South Africa is that welfare grants are perpetuating and encouraging teenage pregnancy (Makiwane, Desmond, Richter & Udjo, 2006).

According to Makiwane et al. (2006) and Macleod (2006), the dominant discourse is that social grants serve as a perverse incentive for teenage girls to become pregnant. This implies that teenagers deliberately fall pregnant to receive the grant available to them in order to gain financial remuneration. Some scholars are of the opinion that the

government plays a role in perpetuating teenage pregnancies by the provision of the Child Support Grant to these young mothers (Luker & Kristin, 2006). Therefore teenagers fall pregnant in order to access the grant to alleviate poverty.

This debate is also confirmed in a report by the Limpopo Department of Health (2012b) which highlights that teenagers are falling pregnant to access social grants to alleviate poverty. The report was issued after the department conducted a three-month study on teenage pregnancies and factors forcing children to abandon their education. The report found that 15.5% of participants fell pregnant simply in order to access the Child Support Grant.

2.4.4 Lack of sex education

Tsai and Wong (2003) have identified a number of risk factors that contribute to teenage pregnancies, namely HIV/AIDS and sexually transmitted diseases. Furthermore the study conducted by Malema (2010) in Ga Dikgale (Limpopo province) indicated that a high percentage of teenagers lack basic information on sexuality and pregnancy. According to the life orientation educators, Phoshoko (2012), Setati (2012) and Matji (2012) pregnant learners do not receive sex education. By the age of 16 years, 86% of the teenagers have already experienced sexual intercourse. Teenagers do not just face the danger of pregnancy, but also sexually transmitted diseases.

Colin (2003) refers to the following difficulties which contributed to teenage pregnancies: lack of receiving sex education and how to use contraceptives; barriers to accessing contraceptives, including negative attitudes of health care workers in the clinics and hospitals; peer pressure; low self-esteem; low educational expectations; poverty; and family breakdown. Young people may hesitate to visit clinics because of the lack of privacy and confidentiality, inconvenient locations and hours, high costs, limited contraceptive choices and supplies, and perhaps most importantly, negative or judgmental attitudes on the part of the provider (Colin, 2003). Longfield, Glick, Waithaka & Berman (2004:125-134) confirm that access to reproductive health services is a factor which contributes to adolescent pregnancy, since young people

always want to be able to access sexual and reproductive health information and services without being exposed to public stigma.

2.4.5 Poverty

There is a definite link between teenage pregnancy and poverty. Mfono (2003) revealed in his study that there is a high rate of teenage pregnancy among black, poor teenagers. Due to poverty, a large number of black teenagers become involved in unprotected sexual activities as a means of surviving their circumstances. This study also confirmed that economically poor countries have more teenage mothers as compared to economically rich countries (Knews, 2011). Poverty and the lack of access to education are fuelling teenage pregnancies and high HIV rates among young people, according to Vhembe health officials in Limpopo (Musetha, 2013).

2.4.6 Contraceptives

Most adolescents lack information on sexuality and contraception, as most of the education that is presented on this matter is limited (Arai, 2003; Bankole, Ahmed, Ouedraogo, Neema & Konyani, 2007). The study by Kaufman, De Wet and Stadler (2001) indicates that there was a slightly lower level of knowledge about modern methods of contraception amongst teenagers. Morake (2011) indicated that in the reports of the Department of Health of the Limpopo province, adolescents were reportedly not good contraceptive users, because they might not admit to being sexually active. However, studies reported that adolescents had inaccurate knowledge on the use of contraceptives (Bankole et al., 2007).

A study conducted by Ehlers (2003) also found that the majority of teenagers who end up becoming mothers lacked information about contraceptives. This is further confirmed by Maja, Ehlers and King (2004:30-34) who found that both adult and adolescent women lacked knowledge about contraception, which could prevent unwanted pregnancies in the event of unprotected sexual intercourse. When contraceptives are used, they are often not used correctly, for example using condoms incorrectly or forgetting to take oral contraceptives (Philemon, 2007:13).

Adding to this, a study conducted by the Medical Research Council (2007) and Mothiba and Maputle (2012) showed that the attitudes of nurses at hospitals and other health centres are often a barrier to adolescent contraceptive use in South Africa. These negative attitudes hinder teenagers from seeking protection and therefore contribute to teenage pregnancy. Most nurses feel uncomfortable providing teenagers with contraception, because of their own belief systems; they feel that adolescents should not be having sex at an early age. Mmari and Magnani (2003) pointed out that those teenagers feel embarrassed being seen at the clinic and fear that their privacy and confidentiality will not be honoured.

2.4.7 Peer pressure

According to Blum, Beuhring, Shew, Bearinger, Sieving and Resnick (2000), social pressure often prevents young girls from using contraception. The girls feel that they will only be accepted as women once they have proved their fertility. Having sexually active friends is also strongly associated with sexual activity at a young age. In this regard Ikamba and Quedraogo (2003:1-12) found that teenagers are often forced into having sexual intercourse by peers, which implies that peer pressure plays a role in initiating sexual activity, which frequently ends in teenage pregnancies.

During adolescence, teenagers often feel pressured to make friends and fit in with their peers. Frequently these teens let their friends influence their decision to have sex even when they do not fully understand the consequences associated with the act. Teenagers have sex as a way to appear cool and sophisticated, but in some cases the end result is an unplanned teen pregnancy (Morrel, 2013). The Kaiser Family Foundation (2000) states that more than 29% of pregnant teens reported that they felt pressured to have sex, and 33% of pregnant teens stated that they felt they were not ready for a sexual relationship, but proceeded anyway because they feared ridicule or rejection. During adolescence, teens become more focused on their appearance and how their peers perceive them. They want to be seen as part of the group, so if teen

pregnancy is viewed as acceptable in their school or amongst their friends, they may seek to become pregnant as a way to gain social acceptance (Morrel, 2013).

2.4.8 Sexual abuse

The Guttmacher Institute (2006) states that between 43% and 62% of teens acknowledge that they were impregnated by an adult male, and two-thirds report that their babies' fathers are as old as 27. Approximately 5% of all teen births are the result of a rape. Sexual abuse may alter perceptions about sexual behaviour, causing an abused adolescent, especially female, to initiate sex at an earlier age and also to have more partners. This often results in teenage pregnancy (Saewyc, Magee & Pettingell, 2004).

2.4.9 Adolescent sexual behaviour

There is a great surge of genital sexual development during the teenage period. Due to increased hormone production, secondary sexual characteristics appear. Masturbation and sexual fantasies are common (Shisana, 2005). For many teenagers, sex has become morally equivalent to other casual, free time activities that they enjoy together (De Villiers, 2004). The teenagers feel that they are unique and invulnerable to harm, thinking that others may become pregnant after intercourse, but not them.

Teenagers are constantly being exposed to sex on television, in movies, in music on the radio, and in music video clips (De Villiers, 2004). Mass media with its sexualised content is thus another contributing factor that perpetuates teenage pregnancies, as it gives teenagers easy access to pornographic, adult television programmes and specifically sexual multimedia text messages.

David (2001) argues that many societies are going through rapid moral degeneration as pornographic information is accessible free of charge via devices such as computers and cell phones. Free access to pornographic material on the internet is also likely to influence teenagers' minds. Therefore, it is recommended that there should be strict restrictions that prevent access to pornographic material, taking into consideration that the internet should be a learning device for young people.

2.4.10 Drugs and alcohol

Morrel (2013) indicates that teenage drinking can lead to an unexpected pregnancy. Many teens experiment with drugs and alcohol. He further notes that drinking lowers a teen's ability to control his/her impulses, contributing to 75% of pregnancies that occur between the ages of 14 and 21. Approximately 91% of pregnant teens reported that although they were drinking at the time, they did not originally plan to have sex when they conceived.

The shebeens are everywhere and as such young people use drugs and alcohol, which leads to teenage pregnancy. Dube (2010) has raised a concern about an alarming upward spiral in teenage pregnancy, noting that girls as young as 12 years engage in unprotected sex in the Northern Cape after consuming alcohol. Dube (2010) indicates that there is a peak in alcohol abuse in the Northern Cape during the festive season. This trend is also indicated in a report by the Planned Parenthood Association of South Africa (2003) in which it is stated that alcohol is identified as a problem by teenagers, parents and service providers. The report revealed that taverns are right in the centre of the villages, and teenagers use alcohol as if it was simply a cool drink.

2.5 THE EFFECTS OF TEENAGE PREGNANCY

The effect of youth falling pregnant in schools will leave an indelible gap when it comes to having skilled and educated youth going out into the workplace (Duddy, 2012). According to the National Cancer Institute (2005) early childbearing affects the girl socioeconomically, limiting her educational opportunities and restricting the skills needed to succeed in work and life, as well as reducing her quality of life and exposing her to sexually transmitted infections (STIs). The studies conducted by Breheny and Stephens (2007), Hoffman (2006), Kirby (2007) and the National Cancer Institute (2005) highlight that certain health and social consequences influence the pregnant teenager's life. They experiencing a lot of consequences of falling pregnant and each of these consequences will be discussed briefly.

2.5.1 Health consequences

Girls who give birth at a young age have a higher risk of maternal death and infant mortality. Those who survive often have to face obstetric complications and the challenges surrounding low birth weight (Duddy, 2012; National Bureau of Statistics, 2000:37). In South Africa and Nigeria researchers such as Irinoye, Oyeleye, Adeyemi and Tope-Ojo (2004:25) and Karim, Magnani, Morgan and Bond (2003:18-22) found that many adolescents were sexually active and engaged in unsafe sexual practices. These activities result in sexually transmitted diseases (STDs), unwanted pregnancy, unsafe abortions and early childbearing.

The risk of death in childbirth is high for a mother aged between 15 and 18. Furthermore, pregnancy-related morbidity and mortality in developing countries is higher for women under 19 and above 35 years of age (National Bureau of Statistics, 2000:67). The complications include anaemia, toxemia, premature delivery, prolonged/obstructed labour, vesico-vagina fistula and cervical trauma, and a higher risk of delivering low birth weight babies. The implication of these effects is that women under the age of 18 are susceptible to some pregnancy related problems and complications during pregnancy and delivery (National Bureau of Statistics, 2000:1; Tsai & Wong, 2003:40). In this regard Regmi (2009:45) confirms that teenage mothers are always at a higher risk for anaemia, pregnancy-induced hypertension, lower genital tract infections, and depression. The unwanted pregnancy can also affect the fetus.

Furthermore pregnant teenagers are at a higher risk of delivering a premature baby, with added issues of the foetal distress and sudden infant death syndrome. Even after the birth, the infants are at a higher risk of accidental trauma and poisoning, minor acute infections, and premature complications (Regmi, 2009: 46).

Several studies have recorded that young school girls engage in sex (Chatterji, Murray, London & Anglewicz, 2005). Such sexual relationships result in young women having little or no negotiating power with their partners to insist on condom usage; a situation which increases the risk of becoming pregnant and contracting STDs, including HIV and AIDS (Gregson, Nyamukapa & Garnett, 2002:359).

According to UNICEF (2008) research indicates that pregnant teens are less likely to receive prenatal care, often seeking it only in the third trimester, if at all. As a result of insufficient prenatal care, the global incidence of premature births and low birth weight is higher amongst teenage mothers. The risk of medical complications is greater for girls 14 years of age and younger, as an underdeveloped pelvis can lead to difficulties in childbirth.

UNICEF (2008) highlights that young woman under the age of 20 faces a higher risk of obstructed labour which, if Caesarean section is not available, can cause an obstetric fistula which is a tear in the birth canal that creates leakage of urine and/or faeces. It is mentioned that at least two million of the world's poorest women live with fistulas. It is also mentioned that complications during pregnancy and delivery are the leading causes of death for girls aged 15 to 19 in developing countries. They are twice as likely to die in childbirth as women in their 20s. Furthermore, teenage girls account for 14% of the estimated 20 million unsafe abortions performed each year, which result in some 68,000 deaths.

2.5.2 Educational consequences

Many studies on teenage pregnancy have focused on the practices of adolescents in general and the outcomes of their pregnancies, but there is a very limited understanding of the challenges experienced by pregnant adolescent learners (Regmi, 2009).

Interference in the girl's educational progress caused by teenage pregnancy includes dropping out of school, school absenteeism, poor academic performance, lower educational attainment, and poorer educational outcomes (Bhana, Clewes, Morrel & Shefer, 2008:10; Marteleto, Lam & Ranchhod, 2008:352). These girls who drop out of school have less chance of being employed and suffer financially, thus continuing to be dependent on their families and becoming a burden to them (Mmari, Mchumvu, Silberschmidt & Rasch, 2000:52-59; Diamini & Van der Merwe, 2002:51-55).

Different authors refer to the fact that teenage pregnant girls very rarely return to school after they have given birth, which means that their education level remains low. Teenage pregnancy can thus have a profound impact on young mothers and their children by imposing limits on their educational achievement and economic stability, and predisposing them to single parenthood and marital instability in the future (Ashcraft & Lang, 2006; National Campaign to Prevent Teen Pregnancy, 2003; Olausson, Haglund, Weitloft & Cnattingius, 2001). Grant and Hallman (2006) note that teenage pregnancy interferes with young women's educational attainment, resulting in fewer job opportunities for them.

The above statements are supported by UNICEF (2008), mentioning the following consequences: the teenage mothers will drop out of school, have no or low qualifications, be unemployed or under-paid, live in poor housing conditions, and suffer from depression which may result in suicide. When teens fall pregnant they are forced to drop out of school, which decreases their chances of finding employment. This situation further exacerbates the poverty cycle already prevalent within illiterate communities and in this way the shackles of poverty are passed from one generation to the next.

To add to this, Marule (2008:223) maintains that two out of three pregnant teenagers drop out of school. Studies on schoolgirl pregnancy by Grant and Hallman (2006) as well as Chigona and Chetty (2007) have focused on how teenage motherhood is a contributory factor to school dropout, poor performance and grade repetition.

This is confirmed by Hosie (2002) who notes that teenage pregnancy is the reason why young women drop out of school and fail to finish their education. It has also highlighted that many young women have either been officially excluded from school or have effectively disengaged themselves from education. Almost half of childbearing mothers fail to complete their high school education, thus increasing the probability of persistent economic and social disadvantage (Barnet, Arroyo, Devoe & Duggan, 2004: 262).

2.5.3 Economic consequences

Socioeconomic factors also contribute to the rate of teenage pregnancy, because some teenage girls become involved in relationships with older men so that the latter can provide for them, as they need a sense of security. As mentioned previously, poverty is associated with increased rates of teenage pregnancy. Economically poor countries, such as South Africa, Niger and Bangladesh, have far more teenage mothers compared to economically rich countries, such as Switzerland and Japan (McKay, 2007).

According to Duddy (2012) teenage pregnancy further exacerbates the poverty cycle already prevalent within illiterate communities and in this way the burden of poverty is passed from one generation to the next. Teenage pregnancy lowers the family income and leads to a higher dependency ratio, as the girls are forced to depend on parents or grandparents to provide for the new born child.

The effect of teenage pregnancy on a country's economy is also highlighted by Lewis (2012). He mentions that not only do high school dropouts withhold potential money from the national market, but teen pregnancies also put a strain on the country's economic resources. For instance, in 2008 resources for teenage parents accounted for \$10.9 billion of local state and federal taxes in the USA.

2.5.4 Social consequences

According to Duddy (2012) pregnant teens face stigmatism and discrimination from both peers and elders. Statistics reveal that these girls are less likely to get married, increasing the likelihood of abuse. Furthermore, they have less support and spend their days in a home environment which is not stimulating.

The literature review by Bissell (2000) found that girls who become teenage mothers were more likely to be socioeconomically disadvantaged later in life as compared to women who tend to delay childbearing. A report by Turner (2004) suggests that teenage pregnancy perpetuates poor socioeconomic backgrounds. Her study found that pregnant teenagers from deprived socioeconomic backgrounds tended to keep their pregnancies, while their counterparts from relatively affluent backgrounds usually abort

their pregnancies. Often as soon as a teenager's family finds out that she is pregnant, she is likely to lose their support. At the time she needs the utmost parental care, she is left helpless.

2.6 LEGISLATION

The South African Constitution, 1996, protects the right of all citizens, including children, to make decisions regarding reproduction and the right to access health care services, including reproductive health care (Hoffman-Wanderer, Carmody, Chai and Rohrs, 2013:4). Since 1996 a number of laws have been passed to actualise these rights, and the most important Acts are discussed below namely, the South African Children's Act (2005) (as amended by the Children's Amendment Act, No. 41 of 2007), the Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act No 32 of 2007), the Choice on Termination of Pregnancy (CToP) Act (Act No 92 of 1996), and the Education Policy Act (Act 27 of 1996).

2.6.1 The South African Children's Act (Act No 84 of 2005)

The South African Children's Act (2005) (as amended by the Children's Amendment Act, No. 41 of 2007) came into effect, with regulations, on 1 April 2010. It allows those over 12 years of age to "access health care services, including HIV testing, contraceptives and termination of pregnancy (TOP) services, without parental consent." The Act stipulates that "contraceptives other than condoms [and also including condoms] may be provided to a child on request by the child and without parental consent of the parent or care-giver of the child if the child is at least 12 years of age" (Hoffman-Wanderer et al., 2013:7).

Holgate and Evan (2006) argues that our laws and policies play a major role in perpetuating teenage pregnancy, as such laws need to be revisited if teenage pregnancy is to be dealt with effectively. However, a child has the right to go for an abortion and use contraceptives without parental consent. While virginity testing does not do any harm to the child, contraceptives have medical side effects which may threaten the health of the child concerned. Mthethwa (2003) recommends that the law

should encourage and exercise cultural practices such as virginity testing to assist in curbing the spread of teenage pregnancy as well as HIV and AIDS.

2.6.2 The Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act No 32 of 2007)

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 states that children can only consent to sex once they are 16 years or older. This law has the potential to encourage teenagers to have sex, which may lead to pregnancy.

2.6.3 The Choice on Termination of Pregnancy (CToP) Act (Act No 92 of 1996)

The Choice on Termination of Pregnancy (CToP) Act (No. 92 of 1996) uses a rights-based framework to introduce the legalisation of termination of pregnancy. It states that any pregnant woman or girl can have a pregnancy terminated on request up to 12 weeks of gestation, provided that it is done by a certified midwife or doctor. Abortion in South Africa was legalised in 2005. The Choice on Termination of Pregnancy Act (No. 92 of 1996) was passed, providing for abortion on demand. Abortion was legalised in South Africa due to the high death rate of women, especially poor black women, who used backstreet abortion services. According to Dawes (2003), studies conducted showed a major decrease in maternal deaths which had previously resulted from backstreet abortions.

2.6.4 The Education Policy Act (Act No 27 of 1996)

In terms of schooling and teenagers' rights, the South African Schools Act (SASA) (Act No 84 of 1996) permits teenagers to stay in school while pregnant and to return to school after childbirth. In addition, the Promotion of Equality and Prevention of Unfair Discrimination Act (Act No 4 of 2000) stipulates that school learners who become pregnant should not be unfairly discriminated against (Lince, 2011). Bhana, Clewes, Morrell, and Shefer (2008) noted that SASA appears to apply only to mothers and not fathers, which further perpetuates gendered norms around women carrying the burden of childcare. The authors further mention that in 2007 the Department of Education released the Measures for the Prevention and Management of Learner Pregnancy (MPMLP) policy. This was intended to address the issue of an implementation vacuum

for SASA through providing assistance around implementation with a dual focus on the prevention and management of pregnancy.

According to Chohan and Gina (2009), the Measures for the Prevention and Management of Learner Pregnancy policy introduced in 2007 encourages pregnant mothers to return to school after giving birth. The policy is based on three principles. The first is that the Department of Education “strongly advocates” abstinence. The second is that pregnant learners shall not be discriminated against (this is in accordance with the South African Constitution and various legislation), and the last principle is that pregnant learners may not be expelled from school or be prevented from returning to school after childbirth. Jewkes et al. (2009:675) confirm the fact that SASA advocates that pregnant teenagers stay in school and return to school after childbirth.

2.7 CONCLUSION

Teenage pregnancies have become one of South Africa’s most urgent and challenging social problems. Teenage pregnancy is strongly linked to social ills such as dropping out of school, unemployment, chronic poverty and family disruption. The children of teenage parents are also at high risk of medical difficulties, school failure, child abuse, and pregnancy. This chapter has thus identified several causes and consequences of teenage pregnancy. It has also revealed by the literature that some of the legislation implemented by the government perpetuates the high rate of teenage pregnancy.

The next chapter will focus on the research methodology used in conducting this study as well as the empirical findings regarding the challenges which pregnant learners are experiencing in the school setting. Data were collected from pregnant teenage learners.

CHAPTER 3

RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

3.1 INTRODUCTION

Meade et al. (2005:419) postulated that there is an increasing number of teenage pregnant learners worldwide, both in primary and secondary school. Teenage pregnancy is one of the biggest social problems in the world today, and this is also prevalent in the South African context.

As a result, the impact of teenage pregnant learners on the educational setting is a big challenge as it has serious educational consequences (Breheny & Stephens, 2007:204). This is also confirmed by Morrel, Shefer and Bhana (2012:10) who stated that teenage pregnancy leads to the termination of schooling.

While the previous chapter focused on a literature review with regard to teenage pregnancy as a social phenomenon, this chapter will focus on the research methodology used in this study, as well as the empirical findings of the study.

3.2 GOAL AND OBJECTIVES OF THE STUDY

3.2.1 Goal of the study

The study aimed to explore the challenges pregnant adolescent learners are experiencing in the school setting.

3.2.2 Objectives of the study

In order to obtain the goal of the study the following objectives were formulated:

- To explore the socio-economic challenges pregnant adolescent learners are experiencing in the school setting.
- To explore the physical challenges pregnant adolescent learners are experiencing in the school setting.

- To explore the emotional challenges pregnant adolescent learners are experiencing in the school setting.
- To explore the educational challenges pregnant adolescent learners are experiencing in the school setting.
- To determine the coping mechanisms and support systems of pregnant adolescent learners within the school setting.

Against this background the study was guided by the following research question:

What challenges are experienced by pregnant adolescent learners in the school setting?

3.3 RESEARCH METHODOLOGY

In this section there will be a thorough discussion on the following research methods used in this study: research approach, type of research, research design, population, sample and sampling method, data collection method, data analysis and trustworthiness, pilot study, and ethical considerations.

3.3.1 Research approach

For the purpose of this research the researcher used the qualitative approach to collect information about the challenges that pregnant learners are experiencing in the school setting. The study sought to develop a holistic picture, through collecting non numerical data in the field (Cresswell, 2007:37) where pregnant adolescent learners experienced their challenges.

3.3.2 Type of research

The researcher wanted to apply and tailor knowledge to address a certain problem in practise, hence applied research was applicable (Sarantakos, 2005:10). In the case of this study the problem was pregnant learners in practice. The challenges pregnant learners are facing showed that there is a problem in practise in the educational setting.

3.3.3 Research design

For the purpose of this study, the researcher used the collective case study design. The collective case study is an instrumental case study extended to a number of cases (Fouche & Schurink, 2011:307). For the present study, semi-structured interviews were undertaken to collect data from a number of cases. The case herein refers to a number of pregnant adolescents and an exploration of the different challenges each participant experienced in the school setting. These cases were bounded due to the following characteristics: they were all pregnant learners; they were all still in school and they were all learners in Grade 8-11 during 2013.

3.3.4 Study population and sampling

3.3.4.1 Population

The research was conducted in the Seshego Circuit in the Polokwane area of the Limpopo Province. The population was all the learners in Grade 8 to 11 who became pregnant during 2013 in three of the ten high schools in the Seshego Circuit. In total the population size was 60.

3.3.4.2 Sample and sampling method

A sample of 12 pregnant adolescent learners was selected from three high schools in the Seshego Circuit. In order to select the three high schools randomly from the ten high schools in the Seshego Circuit the researcher used simple random sampling. The researcher wrote the name of each of the ten high schools on a piece of paper and then put it in a box, after which three names were randomly selected.

To select a sample of 12 pregnant adolescent learners the researcher selected four participants from each of the three selected schools. The researcher received a list of pregnant adolescents in each of the three selected schools from the Life Orientation teachers based on the following criteria: adolescent pregnant learners between 14 and 18 years of age, who were willing to participate, and who were in Grade 8 to 11 during 2013.

From each list the researcher selected four participants systematically (Strydom, 2011:228) by selecting the first participant randomly and thereafter every third name on the list of pregnant adolescent learners until a sample of 12 participants had been selected. The researcher thus utilised a combination of simple random sampling and systematic sampling techniques.

3.3.5 Data collection

The most suitable data collection method for the research was semi-structured interviewing with an interview schedule (Greeff, 2011:351). An interview schedule served as guideline to ensure that the necessary information was obtained while the interview remained flexible, meaning that the researcher could, to an appropriate extent, continuously adjust the interview according to the responses provided by the interviewees (Greeff, 2011:353). A set of predetermined open-ended questions on an interview schedule was developed to guide the researcher during the interviews (Maree, 2007:87). It also gave the participants the opportunity to share their experiences and views regarding the challenges they are facing in the school setting. (See Appendix E)

The advantage of the semi-structured interview was that it allowed for the probing and clarification of answers (Maree, 2007:87). The interview schedule helped the researcher and participants to stay focused. This allowed for in-depth analysis after the session had ended. Interviews were conducted in a private classroom in order to ensure privacy and confidentiality. The permission to use an audio recorder was requested in a letter of informed consent that each participant signed prior to semi-structured interviewing.

3.3.6 Data analysis

Creswell (in Schurink, Fouche & De Vos, 2011:401) is of the opinion that data analysis is the process of bringing order, structure and meaning to the mass of collected data. Information collected by means of an interview needs to be analysed so as to bring order and meaning. In this study the researcher used Creswell's (2003) method of data analysis, as discussed in Schurink et al. (2011:403), which refers to six steps in the process of analysing qualitative data. These steps are discussed below.

3.3.6.1 Planning for recording of data

In the study the researcher systematically planned the recording of data by utilising an audio recorder during interviews and then labelling the tapes and field notes after the interviews. In this regard the researcher planned for the recording of the data in a systematic manner that is appropriate to the setting (Schurink et al., 2011:404).

3.3.6.2 Data collection

To collect data the researcher used an audio recorder and also took notes during the interviews. As part of data analysis, various categories such as notes, names, titles, dates, context and attendance were coloured coded on site to define them for data analysis and the final product of the research (Schurink et al., 2011:404).

3.3.6.3 Managing data

This was the first step in data analysis away from the site. The researcher organised data into file folders. The files were converted to appropriate text units, e.g. a word, a sentence and/or an entire story for analysis by hand (Schurink et al., 2011:408). The researcher organised and managed the data into text units in the format of transcripts.

3.3.6.4 Reading and writing memos

After the organisation and conversion of the data into transcripts (Schurink et al., 2011:409) the researcher read and re-read the transcripts in order to get a feeling for the whole database. The researcher studied the transcripts to familiarise herself with the content and while reading the transcripts, the researcher edited them and wrote memos.

3.3.6.5 Generating categories and coding the data

In order to make sense of and obtain meaning from the data, themes and sub-themes were identified. The researcher used coding to analyse the data and to identify similarities and differences. Schurink et al. (2011:412) state that "coding involves the process of breaking down, examining, comparing, conceptualising and categorising data".

3.3.6.6 *Visualising, representing and displaying the data*

According to Schurink et al. (2011:418), in the final phase of the spiral the researcher should present the data in text, tabular or figure form. In the case of this study, data was presented in text form.

3.3.7 Trustworthiness

To ensure trustworthiness of the qualitative data the researcher primarily used peer reviewing and member checking, as outlined by Glesne (2006:37-38).

3.3.7.1 *Member checking*

The accuracy of the responses which were received from the participants was checked by the researcher on the spot, by paraphrasing questions and seeking clarity where possible. The use of an audio recorder made it possible for the researcher to reflect on what the participants actually said and to think more deeply about their responses. Reference to field notes also highlighted the observations made by the researcher during the discussions.

3.3.7.2 *Peer review and debriefing*

This entails external reflection and input into the study. The researcher enlisted the assistance and support of the supervisor as peer reviewer in this study. The researcher received regular feedback during meetings with the supervisor, which were held to scrutinise data collected and other research issues.

3.3.8 Pilot Study

The researcher conducted a pilot study to determine whether the relevant data could be obtained for the research (Strydom & Delpont, 2011:294-295). Prior to the actual gathering of data, a pilot test was conducted. The semi-structured interview schedule was pilot-tested by means of an interview with two pregnant adolescent learners from a different school in the Seshego Circuit. These participants were not part of the main study. The purpose was to determine whether the relevant data could be obtained from participants. No adjustments to the interview schedule were however necessary.

3.4 ETHICAL CONSIDERATIONS

When dealing with social research there are many ethical issues which need to be considered, as this type of research usually involves individuals as participants and these participants need to be protected from harm, whether emotional or physical (Strydom, 2011:115). The researcher acknowledged the unique experiences involved when dealing with pregnant adolescent learners. Permission to conduct the study was obtained from the Department of Education, Limpopo Province, as well as the three high schools selected in the Seshego Circuit. The ethical issues which are relevant to the study are discussed below.

3.4.1 Avoidance of harm

The researcher ensured that participants were not exposed to any physical or emotional harm (Strydom, 2011:115). To ensure that the participants in the study were not harmed, the pregnant learners were informed about the purpose and procedures of the study. They were also informed that should the interview caused any emotional pain through recalled memories; the researcher would refer such a participant to the area's social worker, namely Mrs Manabile, for counselling. However, no further counselling was needed.

3.4.2 Informed consent

All interviews followed standard protocols, with written informed assent obtained from the participants before the interviews took place. For those participants less than 18 years of age, written informed consent was obtained from their parents/guardians before the interviews were undertaken. Informed consent and assent was sought for the use of tape recordings from both the parents/legal guardians and participants. (See Appendix C).

The researcher made the participants aware of the type of information needed, why the information is needed, and the procedures involved. The participants could withdraw from the study at any time. However, all the participants were willing to participate in the study and signed the informed assent and consent letters (Strydom, 2011:117).

3.4.3 Deception of subjects

Deception of participants is unethical; the researcher did not mislead the participants in any way. They were informed about the purpose of the study and the procedures that would take place during the study. The data obtained was used to determine the challenges of the pregnant adolescent learners in the school setting.

3.4.4 Violation of privacy/anonymity/confidentiality

It was important that the participants have a clear understanding regarding the confidentiality of the results and findings of the study. The information shared was kept confidential and the results were presented in an anonymous manner in order to protect the identities of participants. The researcher protected the privacy of the participants by not discussing the information with anyone except with the researcher's supervisor. Furthermore, interviews were conducted in a private classroom.

3.4.5 Actions and competence of researcher

The researcher was competent to undertake this study under the supervision of her study leader, as she completed a mini-dissertation during her undergraduate studies in social work and successfully completed a post-graduate course in research methodology. The necessary skills were acquired.

3.5 EMPIRICAL FINDINGS

This section deals with the empirical findings of this study. The findings were categorised and will be discussed under two sections, namely:

- Section A: Biographical profile of participants; and
- Section B: Qualitative findings in themes and sub-themes.

3.5.1 Section A: Biographical profile of the research participants

Twelve pregnant adolescent learners from the Seshego Circuit, Limpopo Province participated in this study.

The biographical profile of the participants will be discussed in terms of the following variables: age, grade, race, duration of pregnancy, number of members in the household, and parents/guardians.

3.5.1.1 Age of participants

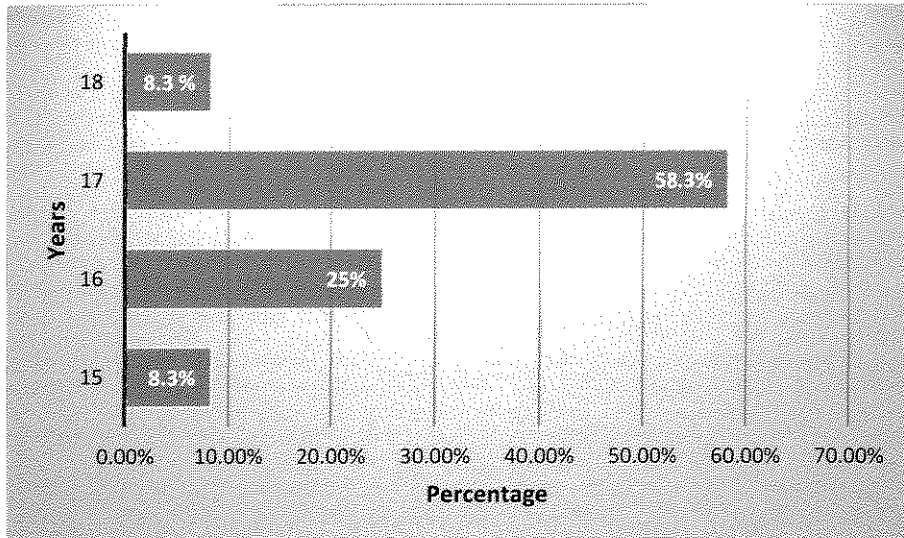


Figure 1: Age of participants

Figure 1 highlights that the age of participants was between 15 and 18 years. One participant (8.3%) was 15 years, three participants (25%) were 16 years, seven participants (58.3%) were 17 years, and one participant (8.3%) was 18 years old. The majority of the participants were thus between 16 and 17 years old.

3.5.1.2 Grade of the participants

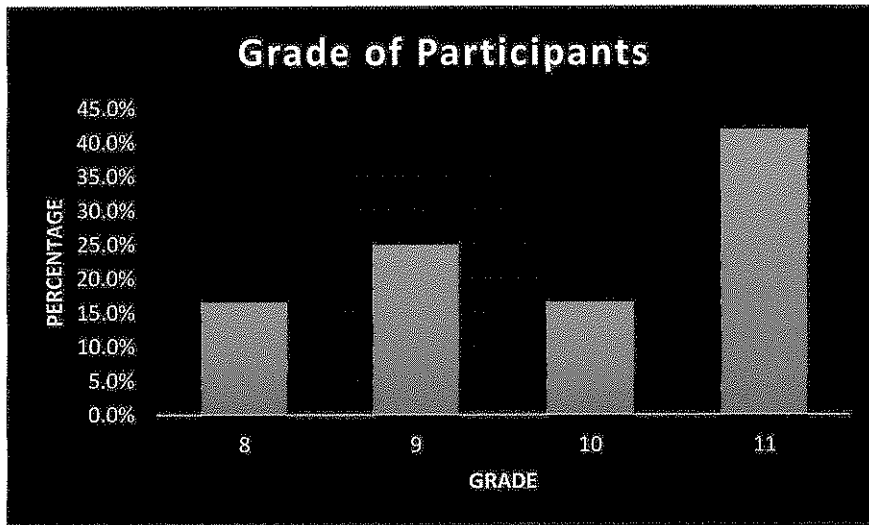


Figure 2: Grade of the participants

Figure 2 indicates the grade of the participants. It showed that two (16.6%) of the participants were in grade 8, three (25%) were in grade 9, two (16.6%) were in grade 10, and the majority of 5 (42%) respondents were in grade 11.

3.5.1.3 Race of the participants

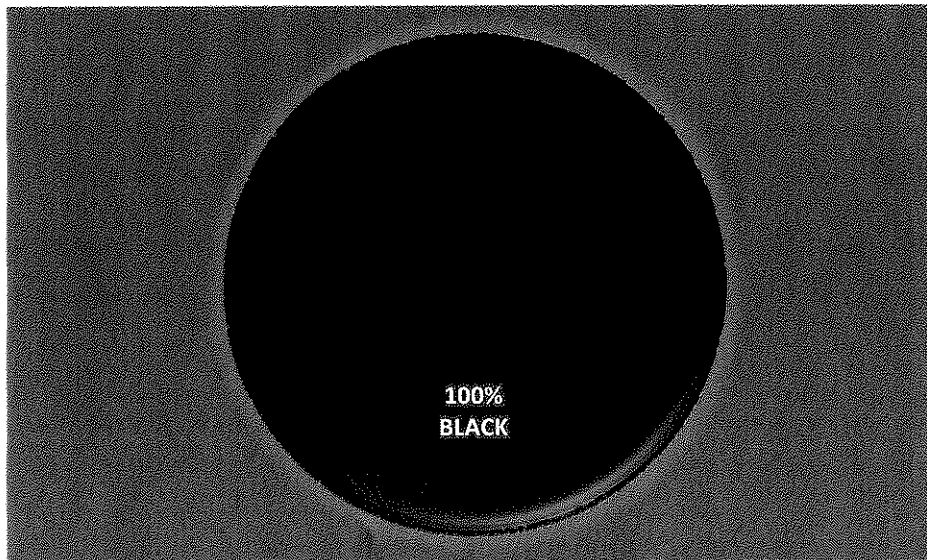


Figure 3: Race of the participants

Figure 3 shows that all 12 participants (100%) were black. None of the participants were from other races.

3.5.1.4 Duration of pregnancy

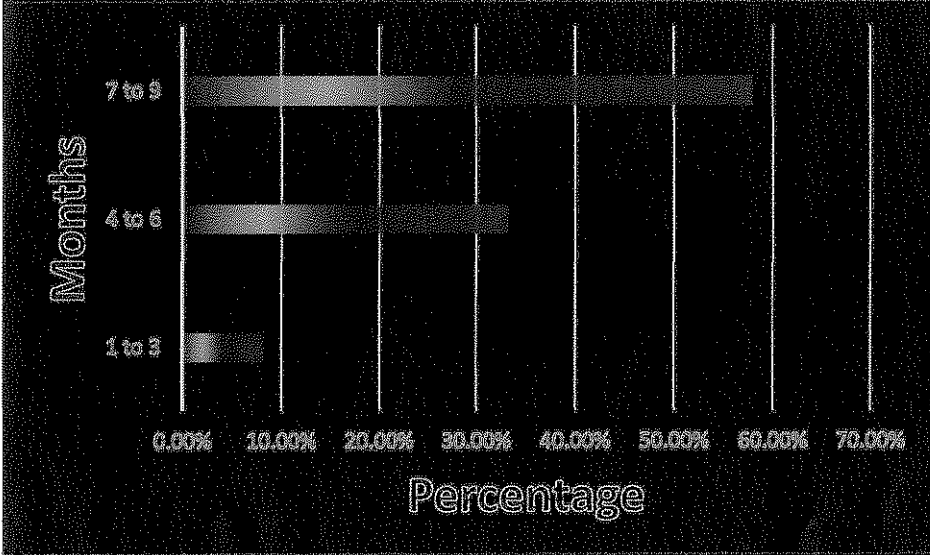


Figure 4: Duration of pregnancy

Figure 4 reflects that during the interviews one (8.3%) of the participants was 1-3 months pregnant, five (42%) of the participants were 4-6 months pregnant, five of the participants (42%) were 7-8 months pregnant, and one (8.3%) of the participants was 9 months pregnant.

3.5.1.5 Number of members in the household

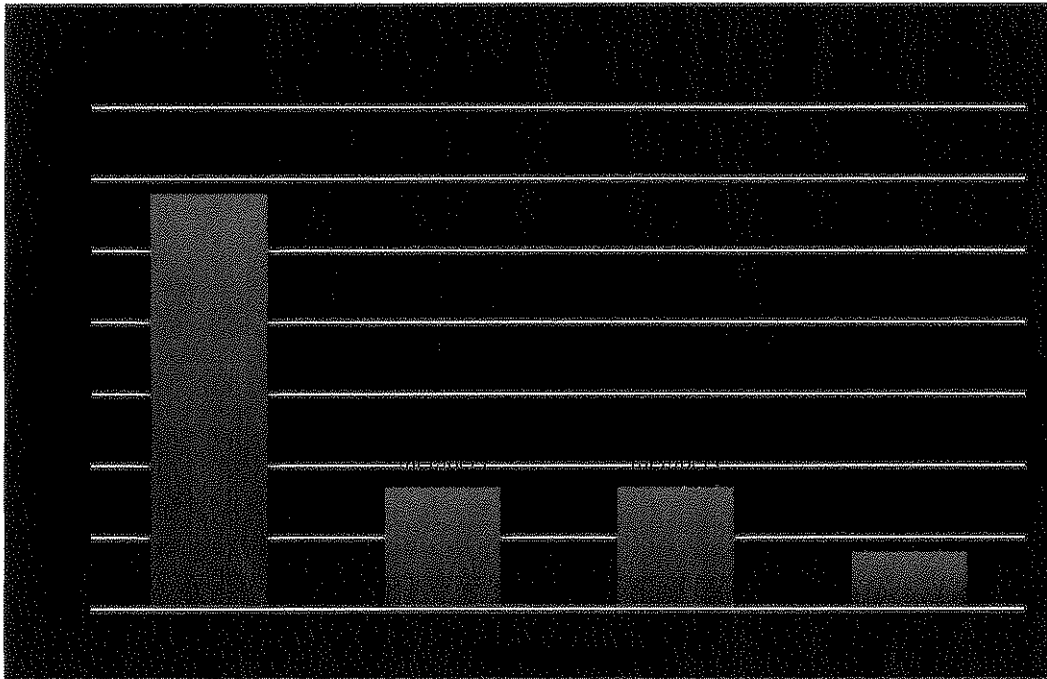


Figure 5: Number of members in the household

Figure 5 indicates the number of members in each household. It is clear that seven participants (58%) had 5 members in the household, two (17%) participants had 3 members in the household, and two (17%) of the participants had 4 members in the household, while only one participant (8%) had seven members in the household.

3.5 1.6 Parents/Guardian

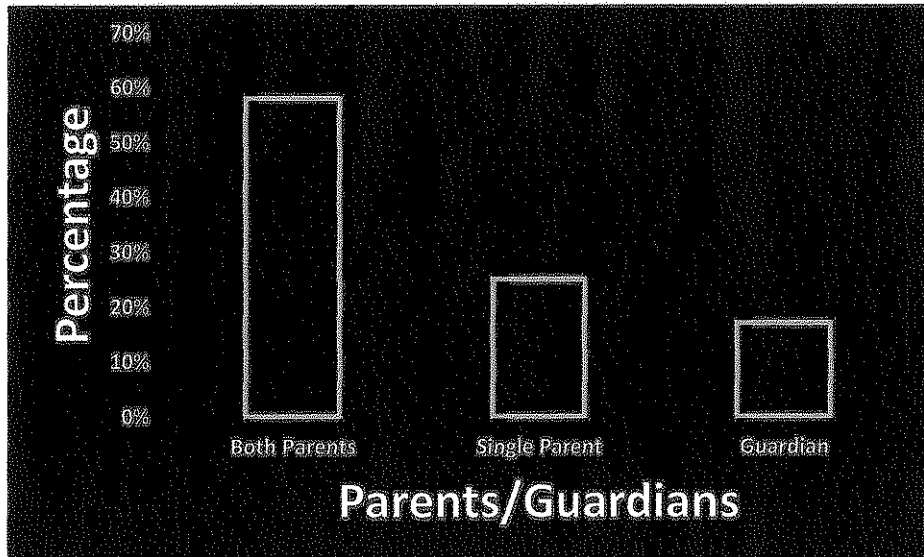


Figure 6: Parents/Guardians of participants

Figure 6 indicates that the majority of the participants, namely seven (58%), live with both parents, three (25%) with single parents, and two (17%) live with guardians.

3.5.2 Section B: Qualitative findings in themes and sub-themes

Section B will focus on a description of the themes and sub-themes that emerged from the process of data analysis.

Table 2 displays a summary of identified themes and sub-themes in this study.

Table 2: A summary of identified themes and sub-themes

THEMES	SUB-THEMES
Theme 1: The general effect of teenage pregnancy on participants	
Theme 2: The socio-economic challenges experienced by participants in the school setting	2.1 Gossip 2.2 Isolation 2.3. Pressure to get an abortion 2.4 Lack of financial support 2.5 Rejection and stigmatisation
Theme 3: The physical challenges experienced by participants in the school setting	3.1 Increase in weight 3.2 Physical education
Theme 4: The emotional challenges experienced by participants in the school setting	4.1 Stress and depression 4.2 Feeling of being stuck and frustrated 4.3 Anger
Theme 5: The educational challenges experienced by participants in the school setting	
Theme 6: Coping mechanisms of participants	6.1 Inner strength 6.2 Parental support 6.3 Support from teachers

Each of the above themes and sub-themes will be discussed according to a summary of findings, quotations to verify the findings, and an integration of relevant literature.

3.5.2.1 Theme 1: The general effect of teenage pregnancy on participants

All the participants indicated that to become pregnant is a difficult life stage, because they change from being a child to an adult. For some participants the transitional stage affected their school life negatively. They found the responsibility overwhelming. The following quotations validate the participants' experiences of teenage pregnancy:

- *"I am no longer going to be a child, but a mother".*
- *"It affected me as I was supposed to be a mother and a school child".*
- *"I was also thinking of going to be a mother whilst I am still at school as a difficult situation".*
- *"I was overwhelmed by the position I find myself in, I need to be a child but on the other hand prepare to be a mother".*

- *“To change from being a child who likes playing and to prepare to be a mother is difficult”.*
- *“I was not coping at school even at home, because when I arrived at home I have to prepare dinner for the family”.*

The participants' experiences of the above-mentioned transitional stage was confirmed by Cherrington and Breheny (2005:160) who also found that being a teenage mother can be a life-altering experience. Pregnant adolescents found their new responsibility to be overwhelming, as teenage pregnancy leads to adulthood. The participants need to take responsibility for both their pregnancy and school work, which they found hard to live with.

3.5.2.2 Theme 2: The socio-economic challenges experienced by participants in the school setting

Participants indicated that they experienced different socio-economic challenges in the school setting. These challenges, in the opinion of participants, made school life difficult and challenging. The following sub-themes regarding socio-economic challenges were identified: gossip, isolation, pressure to get an abortion, lack of financial support as well as rejection and stigmatisation. Each sub-theme will be discussed separately.

3.5.2.2.1 SUB-THEME 2.1: GOSSIP

One of the most prominent challenges experienced by the majority of participants was their exposure to gossip.

Research findings have indicated that the participants received little support from their friends at school. They experienced little or no communication from their best friends. Their friends turned against them and started to gossip about them. The reality of the situation is captured in the following comments of participants:

- *“I Eish... I lost my friends, those that I trusted were gossiping about me”.*

- *“Let me start with my friends first, I lost them as they were accusing me that I did stupid things and they regarded me as a fool”.*
- *“Some students would be talking to one another laughing and looking at me, but when I come close to them they would stop talking so I knew they were talking about me because I have a baby ... so sometimes I feel left out, but there is nothing I can do I just have to ignore them”.*
- *“My friends were gossiping about me”.*
- *“Yes my friends were pointing fingers at me and writing on the chalkboard saying I let them sleep”.*
- *“My friends were talking about me, but I said this is not the end of the world”.*
- *“It was difficult for me, because they were laughing at me and they will end up saying I let them sleep”.*
- *“Sometimes it is like a fashion show; when you walk down the corridors everyone is looking at you, you are really the centre of attention and everyone is gossiping about you. Sometimes other students do tease me because I am pregnant”.*

Literature confirms this finding regarding gossiping. Arlington Public School (2004) argues that peer pressure is usually more common than support and understanding of the pregnancy, as most learners are gossiping about their pregnancy.

3.5.2.2.2 SUB-THEME 2.2: ISOLATION

It seems as if the majority of participants experienced rejection by friends, which in turn created isolation and loneliness. One participant felt isolated as she could not continue with the English program at school, while another participant referred to the fact that during the selection of netball teams she was left out. The following quotations illustrate the social challenge of feeling isolated:

- *“I struggle as all my friends were isolating me”.*
- *“It was really bad as my school friends did not want to be with me, and if I was with them they could run and I could not”.*
- *“I was violated as my friends were against me and not looking me in the proper way, I felt lonely”.*

- *"I was chosen to participate in an English program offered by Americans, but I could not participate because of pregnancy".*
- *"I was a netball player. I could not fit in the scheme again".*
- *"I felt awkward... Friends withdrew from me because of my pregnancy. I felt like every girl was talking about me".*

The social challenge of isolation is confirmed by Bezuidenhout, Elago, Kalenga, Klazen, Nghipondoka and Asthon (2006:19), who postulate that the most destructive stressor for pregnant adolescents is the feeling of isolation. This isolation can have many effects which may include, among others, the loss of best friends.

3.5.2.2.3 SUB-THEME 2.3: PRESSURE TO GET AN ABORTION

Research findings indicated that the majority of the participants experienced pressure from friends to get an abortion. They furthermore indicated that these friends were even offering them money to perform the abortion procedure. In this regard participants mentioned the following:

- *"I was put under pressure as some of my friends were saying I must do abortion".*
- *"My friends encouraged me to do abortion; they even said they can give me money to do abortion".*
- *"I was told by my best friend to take abortion as I will be free like her".*

This challenging experience is confirmed in studies conducted by Graham and McDermott (2005) as well as Morehead and Sariano (2005), who refer to the fact that pregnant learners find them stigmatised and even heckled in the street where they do illegal abortions.

3.5.2.2.4 SUB-THEME 2.4: LACK OF FINANCIAL SUPPORT

The majority of the participants indicated that they experienced difficulty in their financial circumstances, as they were not working and pregnancy has a lot of financial demands. Some of the participants came from families that could not bear to have extra financial burdens. However, some participants admitted that they were fully financially supported

by their parents and family members. The following comments verified the participants' views:

- *"My parents could not afford to give me money, but I was helped by the feeding scheme at school".*
- *"To get money, it was not easy. My parents told me that they could not afford giving me money as they are preparing for my child's future".*
- *I struggled to get money, so I have to depend on friends".*
- *"I could not even ask for money, because we sometimes slept without food".*
- *"My parents were giving me money to buy apples and bananas".*
- *"I received money from my parents and my brother".*

From the results it became clear that although the majority of the participants experienced financial challenges some indicated that they were supported by their parents.

The comments indicated that it was financially difficult to be pregnant whilst at school. Stephens, Wolf and Batten (2003:5) confirm that pregnant teenagers need financial support that will help them move towards positive growth. Holgate and Evans (2006:40) also highlight that teenage pregnancy is a financial burden to their families.

3.5.2.2.5 SUB-THEME 2.5: REJECTION AND STIGMATISATION

Once other people became aware of their condition, most participants said they experienced rejection and were abandoned by their friends. Old friends did not want to associate with them, because of the stigma that goes with teenage pregnancy. These experiences are confirmed by Duddy (2012) who mentioned that pregnant teens face stigmatisation and discrimination from both peers and elders. Furthermore, the participants added that in many cases they were mocked by their fellow learners to the extent that they would think of leaving school. When friends rejected them the participants felt hurt and alone, and this sometimes led to depression as they spent more time alone. These challenges are reflected in the following statements:

- *"My friends did not want to sit with me; they were running away from me".*

- “Out of many friends I used to have I am left with only one friend”.
- “I did not enjoy going to school, because I was feeling lonely and wish I was not pregnant”.
- “When you are at school you feel impatient as friends are keeping distance and you felt rejected”.
- “I could not undergo school trips as teachers were also afraid of taking care of pregnant learners”.
- “I told my friends not to mock me, because it hurts me and I also need company”.

Findings have clearly shown that teenage learners who became pregnant at school encountered various socio-economic challenges. The challenges negatively affected both their social and economic lives, and coping with such challenges is both difficult and nerve-racking. These findings correlate with Meehan’s (2007:35) statement that teenage pregnancy is a hopelessness situation which leads to depression; dealing with teenage pregnancy is confusing and scary.

3.5.2.3 Theme 3: The physical challenges experienced by participants in the school setting

Research findings have shown that teenage learners who became pregnant while at school experienced physical challenges which made schooling difficult. This seriously affected their school situation and body image. Two sub-themes with regard to physical challenges were identified, namely increase in weight and physical education.

3.5.2.3.1 SUB-THEME 3.1: INCREASE IN WEIGHT

The majority of the participants indicated that once they got pregnant their uniforms no longer fitted them, which made schooling difficult. Their school skirts tied them up and they did not feel comfortable. The participants felt like leaving school, because they were not allowed to wear maternity dresses. This physical challenge is revealed by the following comments:

- “The school uniforms were not fitting me so I just wish I could wear maternity dress, but at school they don’t allow maternity dresses”.

- *The school uniforms were too small and we were supposed to be in the correct school uniform”.*
- *“The school uniform is tiding me up and I am not free to walk around the school yard”.*

Three Life Orientation educators namely, Phoshoko (2012), Setati (2012) and Matji (2012) confirm that pregnant learners experienced physical challenges in the school setting due to their increase in weight.

3.5.2.3.2 SUB-THEME 3.2: PHYSICAL EDUCATION

The majority of the participants highlighted the difficulty in participating in physical education at schools while pregnant. During physical education classes the participants found it difficult to do some exercises, because they did not have outfits that fit them and they were afraid that their friends would realise that they are pregnant. It was difficult for them to hide their pregnancy during physical education classes. This challenge was confirmed by the following quotations:

- *“I tried to hide my pregnancy during physical training classes; I was doing breath in so that my friends must not discover my pregnancy”.*
- *“I could not do exercises, because I did not have the clothes that fit me”.*

Participants were facing high responsibility as they were supposed to do physical education as part of their daily routine. For them to obtain marks each learner was supposed to do difficult physical exercises; it was counted 25% of their Life Orientation Subject. Khalil's (2008:9) study confirmed participants' heightened sense of responsibility and perseverance when they spoke about their daily routine.

3.5.2.4 Theme 4: The emotional challenges experienced by participants in the school setting

Most of the participants indicated that they experienced intense emotional challenges. The most prominent emotional challenges that were articulated by the participants were

stress and depression, feeling of being stuck and frustrated, as well as anger. Each of these emotional challenges will be discussed as a sub-theme.

3.5.2.4.1 SUB-THEME 4.1: STRESS AND DEPRESSION

Ross and Deverell (2010:400) describe stress as a “mental or emotional strain or tension; a psychological condition that is caused by a demanding and frustrating situation that exceeds a person’s means, and can result in mental, emotional, physical and behavioural problems”.

Ross and Deverell’s description of stress is clearly applicable to the participants’ experiences of stress. During the interviews all the participants indicated that they experience depression because of the difficulties they go through in their daily personal and school lives, due to their pregnancy. They referred specifically to stress that was caused by friends and teachers in school and which culminated into emotional feelings of impatience, irritation, anger and lack of confidence. The stresses during pregnancy led to depression. Participants indicated that if friends turned against them they did not know how to handle the situation. The following quotations illustrate the emotional challenges of stress and depression:

- *“I was sometimes getting crossed with my teachers, who were pointing at me, asking me a question even though I didn’t raise a hand”.*
- *“I experienced lack of confidence, especially when I have to sing in front of the class... I was just feeling depressed”.*
- *“I was impatient if someone does a mistake; I wanted to beat them.”*
- *“I was short tempered and didn’t want anyone in front of me”.*
- *“I was annoyed by everyone except my one friend whom I loved”.*
- *“People were irritating me and as such most of my school time was stressful”.*
- *“I was impatient and I wanted to be alone”.*
- *“I felt depressed and did not know what to do”.*

Depression is one of the emotions that occurs when teenagers are pregnant, because they have to decide whether they are going to keep the baby or not as well as a lack

confidence (Meehan, 2007:9). In the study conducted by Rolfe (2008) it was also found that teenage mothers had high levels of depression.

3.5.2.4.2 SUB-THEME 4.2: FEELING OF BEING STUCK AND FRUSTRATED

The recurring idea of being stuck and frustrated was expressed by all the participants. They expressed the concern that a teenage life stagnates when they become pregnant. Their opinions indicated that they felt that their lives have gotten stuck and were going nowhere. They did not know whether to continue with their schooling or not. Participants indicated that when a teen becomes pregnant, the teen life is essentially over and they have to take an adult role. This in turn led them to experience feelings of frustration, as they had to dedicate their time to their studies while at the same time taking care of their pregnancy. They needed to take time off from school to visit prenatal clinics. This contributed more to their feelings of being stuck and frustrated.

The following comments confirm their feelings of being stuck and frustrated:

- *"I must change from being a child to become an adult".*
- *"I feel as if my life is doomed and I won't pass at school".*
- *"I thought this is the end of the world".*
- *"During arts and culture period I became frustrated when I had to go and perform in front of the class; the learners will just mock at me and request me to sit down because I will fall".*
- *"I got stuck when we were punished because of late coming; I could not do frog jumps as part of punishment".*
- *"I got frustrated to answer wrongly in class, because other learners will laugh at me".*
- *"It was like all the learners are looking at you as a foreigner, this really frustrated me".*

The above quotations highlight the fact that teenage pregnancy made it difficult for the participants to cope within the school setting. They became frustrated because of

pregnancy. Lall (2007:14) supported the findings by saying that pregnant learners are left with little choice and become frustrated.

3.5.2.4.3 SUB-THEME 4.3: ANGER

The majority of participants expressed feelings of anger towards their friends and their teachers. They felt irritated by the treatment they received. They mentioned, for instance, that learners were writing about their pregnancy on the chalkboard. Furthermore they felt angry when teachers exposed them by asking certain questions in class. They were emotionally hurt by pregnancy and they felt denied. The participants also indicated that when other learners were in a group they just felt angry because of their pregnancy. These challenges are evident in the following quotations:

- *"I was irritated when one of the teachers asks me questions, I thought she wants the learners to see me and laugh at me".*
- *"I did not want to see people I was just angry at everyone".*
- *"I was crossed when my friends were pointing fingers at me".*
- *"Other learners were writing on the board that pregnant learners must go home, our classroom is not the clinic".*
- *"I became angry when I met other learners, because they are not pregnant like me".*
- *"I was angry with everyone who looks at me".*
- *"When I go to school I was angry when my name was called by my class teacher, I feel she wanted other teachers to see that I am pregnant".*

The participants' feeling of anger was confirmed by Sosibo (2007) who also found that pregnant learners develop anxiety and become angry.

3.5.2.5 ***Theme 5: The educational challenges experienced by participants in the school setting***

Participants indicated that being pregnant becomes a barrier to finishing school. Misunderstanding and pressure from teachers and fellow learners was experienced. According to the findings of this study, pregnant learners felt some teachers did not empathise with them and they were expected to perform and behave just like any other

learner in their respective classes. The teachers and fellow learners put a good deal of pressure on them without really understanding what the pregnant learners were going through. For instance, they were sometimes ridiculed in front of classmates whenever they had not met the class requirements. The participants voiced these challenges as follows:

- *“When missing out lessons, the teacher will only tell me to consult my friends about what they have been learning when I was absent. If I have any question I may ask the teacher, but then the teacher will not go through the whole material again... so I really miss a lot.... and most teachers do not really feel sorry for a pregnant learner when she misses lessons due to sickness. They are of the opinion that the learner is facing the consequences of her own behaviour”.*
- *“The teachers do not understand my situation, they just say: ‘It’s your own business all I say to you is, listen we have done a lot the past week when you were not here, so ask other learners what we have done and try to do your best”.*

The assumption is that teachers should help pregnant learners under such circumstances. However, Olivier (2000) confirms that unfortunately, some teachers consider the teen mothers’ situation a private matter and none of their concern. Due to the fact that there is anecdotal information that some normal learners who miss school are assisted with the lessons they miss, it can be concluded that teen mothers are in this case marginalised, which affects their school performance (Marteletto & Lam, 2008:352).

The participants’ responsibility increases as a result of pregnancy. In this regard some participants expressed the fact that they were no longer being able to enjoy youthful activities when pregnancy occurs. It was clear that being pregnant makes the learners to grow up too fast. On this issue, Pillow (2004:11) argued that “all teen mothers need help and support to cope with schooling.”

3.5.2.6 *Theme 6: Coping mechanisms of participants*

The majority of the participants indicated that in order to cope with their pregnancy they depended on their inner strength, parental support and support from teachers. Each of these coping mechanisms will be discussed as separate sub-themes, namely inner strength, parental support and support from teachers.

3.5.2.6.1 *SUB-THEME 6.1: INNER STRENGTH*

Most of the participants highlighted the fact that they experienced an inner strength that enabled them to cope with pregnancy at school. They mentioned that it was not easy for them but they motivated themselves; they told themselves that it is not the end of the world, it will pass. Furthermore, they expressed the fact that they need to cope with pregnancy because they want to pass and progress to the next classes; for the majority of the participants education was the key to life.

The following quotations confirm the participants' views of coping with their pregnancy:

- *"The fact that I want my child not to suffer motivates me; I have to persist and not to give up".*
- *"I have to tell myself that I will be strong and I won't leave school. I don't want my child to suffer like I did".*
- *"I managed to cope because I want a brighter future".*

The participants were encouraging themselves not to give up, because they are aware that they already caused themselves problems. Spear (2004) confirms their statement by saying pregnant learners need strength to cope with their daily routines.

3.5.2.6.2 *SUB-THEME 6.2: PARENTAL SUPPORT*

The participants need parental support because they are minors: however, in this regard the participants articulated different experiences. Some participants experienced support from their parents while others experienced poor communication and support from their parents and as such it causes disrupted relationships. The participants' experiences are revealed in the following quotes:

- *“My mother said: I did not force you to be pregnant; I am going to save money for the baby not for you”.*
- *“My parents help me with money”.*
- *“My parents encourage me to go to the clinic”.*
- *“My mother said: I must cook and don’t sleep because when they come from work they need food and my body need more food for good health.”*
- *“My mother said: I must take care of myself, because I wanted to be pregnant”.*

It is clear from the discussion that parents need to support their children when they are pregnant. However some parents are of the opinion that their daughters must take care of their own pregnancy which is difficult for them. Cater and Coleman (2006) confirm that parent support is necessary, because pregnant learners struggled to cope with the demands of pregnancy.

3.5.2.6.3 SUB-THEME 6.3: SUPPORT FROM TEACHERS

In general the teachers want to see all learners performing well at school, but they also know that teenage pregnancies disturb the academic achievement of pregnant learners. Most of the participants were of the opinion that the teachers’ support encouraged them to cope and not to drop out of school. It was the teachers who encouraged them to go to the health clinic on a regular basis. The following comments verify the participants’ opinions:

- *“My teacher helps me to cope by saying: ‘I know you are doing well, but you must wake up in class when I am teaching”.*
- *“My teacher motivates me to go to the clinic for prenatal investigations”.*
- *“My teacher was encouraging me to read”.*

It seems as if the teachers’ support is an important coping mechanism for pregnant adolescent learners. This is confirmed by Khalil (2008) who mentioned that educators serve as a measure of social support that could positively influence teenage mothers’ academic performance.

3.6 CONCLUSION

Research findings derived from the study indicated that teenage pregnant learners faced a variety of challenges in the school setting. This chapter presented the challenges reported by the pregnant learners at three different high schools in the Seshego Circuit in the Polokwane area of the Limpopo Province. The data collected from the participants through semi-structured interviews revealed the participants' socio-economic, physical, emotional and educational challenges experienced within the school setting. The researcher used the participants' own words to accurately represent the reality of their personal experiences around the issue of teenage pregnancy.

The next chapter will focus on a discussion of the key findings, conclusions and recommendations.

CHAPTER 4

KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

Teenage pregnancy and childbearing are national problems that affect the community and society at large (Spear, 2004:26). Teenage pregnancy interferes with young women's educational attainment, resulting in fewer job opportunities for young women (Grant & Hallman, 2008:39). Teenage pregnancy is one of the most serious challenges currently facing the education sector, as it affects learners severely. It is a socio-economic problem with many challenging factors (Meade & Isckovics, 2005; National Campaign to Prevent Teen Pregnancy, 2003; Sarri & Phillips, 2004).

This chapter will describe the key findings, conclusions and recommendations of the study. The goal of the study was to explore the challenges pregnant adolescent learners are experiencing in the school setting in the Seshego Circuit, Limpopo Province. In order to achieve the goal of the study the following objectives were formulated:

- To explore the socio-economic challenges pregnant adolescent learners are experiencing in the school setting.
- To explore the physical challenges pregnant adolescent learners are experiencing in the school setting.
- To explore the emotional challenges pregnant adolescent learners are experiencing in the school setting.
- To explore the educational challenges pregnant adolescent learners are experiencing in the school setting.
- To determine the coping mechanisms and support systems of pregnant adolescent learners within the school setting.

Against this background the study was guided by the following research question:

What challenges are experienced by pregnant adolescent learners in the school setting?

4.2 KEY FINDINGS AND CONCLUSIONS

The key findings and conclusions will be discussed in terms of each of the research objectives.

4.2.1 Objective 1

The first objective was to explore the socio-economic challenges pregnant adolescent learners are experiencing in the school setting. The following key findings and conclusions based on the empirical results are relevant in this regard:

- Gossip is one of the serious social challenges currently facing the pregnant learners, as it affects education and learners severely.
- Pregnant learners felt isolated, as most of their friends did not want to socialise with them.
- Most of the participants felt pressured by their peers to get abortions.
- The majority of participants did not have financial support, as they come from poor families.
- The majority of participants were experiencing rejection, as they were associated with the stigma of pregnancy.

It can thus be concluded that pregnant adolescent learners experience a wide range of social and economic challenges. Pressure from friends to get an abortion attributed to the social challenges participants were experiencing.

4.2.2 Objective 2

The second objective was to explore the physical challenges pregnant adolescent learners are experiencing in the school setting. The following key findings and conclusions are relevant:

- Findings indicated that the pregnant adolescent learners were not allowed to wear maternity dresses when coming to school which causes serious physical challenges.
- The participants indicated that they were gaining weight and they struggled to do physical exercises as part of the educational curriculum. The majority of the participants indicated that they were sick and were also afraid of facing complications. Duddy (2012) and the National Bureau of Statistics (NBS, 2000:37) confirmed that those pregnant adolescents who survive often have to face obstetric complications and the challenges surrounding low birth weight.

It is clear from the research findings that the participants experienced different physical challenges of health conditions.

4.2.3 Objective 3

The third objective was to explore the emotional challenges pregnant adolescent learners are experiencing in the school setting. The following key findings and conclusions are relevant in the context of this study:

- Participants indicated that they are prone to stress and depression because of the situations that they encounter in their day-to-day experiences of pregnancy. The emotional challenge of stress and depression is also highlighted in literature. According to Meehan (2007:9) depression is one of the emotions that occur when teenagers are pregnant, because they have to decide whether they are going to keep the baby or not, and they lack confidence.
- The majority of the participants experienced rejection by their friends; this in turn creates loneliness for the learners.
- Another prominent emotional challenge identified by the participants was their experience of isolation. In this regard, Bezuidenhout et al. (2006:19) state the following: "One of the most destructive stressors is that of feeling isolated."
- The participants indicated that they were stuck and frustrated, as they did not know how to hide their pregnancy.

- When other learners were teasing the participants they felt frustrated and wanted to leave the school.

The research findings revealed thus that the participants experienced various emotional challenges due to their pregnancy. Their friends were teasing and isolating them and as such the pregnant learners were depressed.

4.2.4 Objective 4

The fourth objective was to explore the educational challenges pregnant adolescent learners are experiencing in the school setting. From the empirical information the following key findings and conclusions are relevant:

- Participants indicated that one of the most serious consequences of being pregnant is that the pregnant learners' studies are negatively affected. Breheny and Stephens (2007:100) confirm this by stating that teenage pregnancy has an impact on the learner and her school life.
- Most of the participants argue that teachers do not have empathy with their situation and that they do not understand teenage pregnancy.
- Participants indicated that their pregnancy led to a high level of absenteeism from school, as they went for medical check-ups. Learning is negatively affected, since they spend the whole day at the clinic on a regular basis.

It can thus be concluded that pregnant learners experiencing serious educational challenges, due to teachers' attitude towards them as well as the fact that they are most of the time absent from school.

4.2.5 Objective 5

The fifth objective was to determine the coping mechanisms and support systems of pregnant adolescent learners within the school setting.

The following key findings and conclusions are based on the empirical information:

- Research findings indicated that the participants felt they had inner strength to cope with pregnancy in the school setting.
- Although most of the participants' parents were supportive and encouraged them to work hard so that they can pass at the end of the year, a few participants experienced lack of parental support.
- Most of the teachers were supportive and encouraged pregnant learners to concentrate on their school work, as well as to go to clinics for prenatal care.

It can thus be concluded that most of the pregnant learners do cope with their situation due to feelings of inner strength and that they do receive support from parents and educators.

4.3 RECOMMENDATIONS

Based on the empirical findings and conclusions that emerged from the research study, the following recommendations can be made:

- National programs, such as the Abstinence Education Program, funded by the Welfare Reform Law and administered by Health and Human Services that offer federal grants to states for abstinence education activities, including mentoring and counselling, should be promoted.
- There should be consideration given to the implementation of the Adolescent Family Life Program, also administered by Health and Human Services. The program affords education and social services to teenage fathers, family planning and reproductive health services through Medicaid, provided through Title XIX of the Social Security Act (Association of Maternal & Child Health Programs, 2006).
- Adolescent pregnancy is a complex problem and there is a need for collaboration among various organisations to achieve successful pregnancy prevention

programs, as only marginal success in the fight against adolescent pregnancy has been achieved to date (Brindis & Philliber, 2003; Tonelli, 2004; Weisfeld & Woodward, 2004). More intense collaboration between relevant organisations to prevent adolescent pregnancy is thus recommended.

- The school appeared to play a role in perpetuating the negative stigma associated with teenage pregnancy, and therefore social work intervention programmes in schools are needed and recommended to serve as a protective factor for these teenage learners.
- It is recommended that educators should be exposed to creative workshops that aim at critical thinking and development of skills in handling teenage pregnancy effectively. The workshops can include roleplaying where the educators actively role-play scenarios that pregnant adolescent learners are experiencing in order to more effectively deal with such learners in the school setting.
- The researcher recommends the formation of support groups for pregnant adolescent learners in order to eliminate discrimination. A safe space must be created where pregnant adolescent learners can express themselves spontaneously.
- The Department of Education should critically evaluate and modify policies and procedures regarding teenage pregnancy in schools. Furthermore, sex education should become part of the school curriculum and pregnant adolescent learners should be treated as learners with special needs. Extra classes are recommended so that teachers can go through the lessons the pregnant learner has missed.
- It is recommended that teachers should use nurses and social workers to inform them about handling teenage pregnant learners and their situations. On a multi-disciplinary level teachers should be informed to keep track with social problems and changes that the society is facing.
- Programs aimed at preventing pregnancy among adolescents must be long-term and comprehensive, while incorporating important components such as early intervention, sex education, counselling, health services, and youth development.

- It is recommended that sex education should begin at primary level before the children have experienced any sexual intercourse. The sex education curriculum prior to high school entry should clearly define the decision-making process for a sexual relationship, the outcomes of a sexual relationship, and the choice to abstain from sex without a sense of guilt.
- Due to the fact that families are often the support group for pregnant and parenting adolescents, there is a need for community outreach programs headed by social workers and health professionals to assist the families of these adolescents in teaching them to become independent and self-sufficient adults. Outreach programs should stress the importance of career aspirations for all pregnant and parenting adolescents, especially those with special needs.
- Parents are often children's first and best teachers about sex and relationships, but many parents do not know how to discuss these issues. It is thus recommended that parenting programmes should be implemented for parents at community level in order to guide them in this regard.
- Access should be provided to pregnant adolescents to services such as professional counselling. Furthermore, child care services should be arranged for pregnant teenagers at schools (Essortment, [sa]:67).

In terms of future research, the following were recommended:

- To evaluate the consequence of the implementation of current legislation and policies regarding teenage pregnancies in the education system.
- To compare the phenomenon of teenage pregnancy in rural and urban schools.

4.4 ACCOMPLISHMENT OF THE GOAL AND OBJECTIVES OF THE STUDY

The goal of the study was to explore the challenges pregnant adolescent learners are experiencing in the school setting. From the empirical data, meaningful information regarding pregnant adolescent learners' experiences in the school setting was gathered and described in chapter 3.

Table 3 below focuses on how the above goal and objectives of the study were accomplished.

Table 3: Accomplishment of the study objectives

Nr	Objectives	Objectives achieved
1.	To explore the socio-economic challenges pregnant adolescent learners are experiencing in the school setting.	This objective was achieved as reflected in the research findings presented in Chapter 3.
2.	To explore the physical challenges pregnant adolescent learners are experiencing in the school setting.	This objective was achieved as reflected in the research findings presented in Chapter 3.
3.	To explore the emotional challenges pregnant adolescent learners are experiencing in the school setting.	This objective was achieved as reflected in the research findings presented in Chapter 3.
4	To explore the educational challenges pregnant adolescent learners are experiencing in the school setting.	This objective was achieved as reflected in the research findings presented in Chapter 3.
5	To determine the coping mechanisms and support systems of pregnant adolescent learners within the school setting.	This objective was achieved as reflected in the research findings presented in Chapter 3.

4.5 CONCLUDING REMARKS

This study aimed to explore the challenges experienced by pregnant adolescent learners in the school setting. The study has revealed the different socio-economic,

physical, emotional and educational challenges experienced by pregnant adolescent learners in the school setting.

According to the research findings it is evident that the research question which guided this study was answered, as all the objectives were achieved.

In conclusion, this research study has contributed to the body of knowledge regarding teenage pregnancy in the school environment.

REFERENCES

Arai, L. 2003. Low expectations, sexual attitudes and knowledge: explaining teenage pregnancy and fertility in English communities. Insights from qualitative research .*The Sociological Review*. Available: <http://dx.doi.org/10.1111/1467-954X.00415> (Accessed 2012/04/10).

Arlington Public School 2004. *Teenage parenting programmes*. Available: <http://www.arlington.hmt1> (Accessed 2005/06/06)

Ashcraft, A. & Lang, K. 2006. The Consequences of Teenage Childbearing. *NBER Working Paper No. W12485*. Available: <http://ssrn.com/abstract=926063> (Accessed 2009/04/15).

Association of Maternal and Child Health Programs. 2006 ."home page". Available: www.amchp.org/pages/default.aspx (Accessed 2007/07/30).

Bankole, A., Ahmed, F.H., Ouedraogo, C., Neema, S. & Konyani, S. 2007. Knowledge of correct condom use and consistency of use among adolescents in four countries in Sub-Saharan Africa. *African Journal of Reproductive Health*. Available: <http://dx.doi.org/10.2307/25549740> (Accessed 2009/07/09).

Barnet, B., Arroyo, C., Devoe, M. & Duggan, A.K. 2004. Reduced School Dropout Rates Among Adolescent Mothers Receiving School-based Prenatal Care. *American Medical Association*, 15(8):262-268.

Berk, L.B. 2006. *Child Development*. 7th ed. USA: Pearson International.

Bezuidenhout, K., Elago, H., Kalenga, E., Klazen, S., Nghipondoka, K. & Asthon, D. 2006. The psychological Impact of HIV/AIDS: People are more than statistics. Available: <https://org.elon.edu/summit/essays/essay4.pdf> (Accessed 2011/08/12).

Bhana, D., Clewes, L., Morrell, R. & Shefer, T. 2008. Pregnant girls and young parents in South African schools. *Agenda*, 76: 78-90.

Bissell, M. 2000. The socio-economic outcomes of teen pregnancy and parenthood: A review of the literature. *Canadian Journal of Human Sexuality*, 9:191-204.

Blum, R.W., Beuhring, T., Shew, M.L., Bearinger, L.H., Sieving, R.E. & Resnick, M.D. 2000. The effects of race/ethnicity, income, and family structure on adolescent risk behaviors. *American Journal of Public Health*. Available: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446419/> (Accessed 2005/11/18).

Breheny, M. & Stephens, C. 2007. Individual responsibility and social constraint the construction of teenage motherhood in social scientific research. *Culture, Health & Sexuality*, 9:333-346.

Brindis, C. & Philliber, S. 2003. Improving services for pregnant and parenting teens. *Prevention Researcher*, 10(3):9-13.

Brooker, C. 2006. *Churchill Livingstone's Dictionary of Nursing*. 19th ed. Edinburgh: Churchill Livingstone.

Cater, S. & Coleman, L. 2006. *Planned teenage pregnancy perspectives of young parents from disadvantaged backgrounds*. York: Joseph Rowntree Foundation.

Chatterji, M., Murray, N., London, D. & Anglewicz, P. 2005. The factors influencing transactional sex among young men and women in 12 sub-Saharan African countries. *Biodemography and Social Biology*, 52(1-2):56-72.

Cherrington, J. & Breheny, M. 2005. Politicizing dominant discursive constructions about teenage pregnancy: *Health*, 9(1):89-111.

Chigona, A. & Chetty, R. 2007. *Girls' Education in South Africa: Special Consideration to Teen Mothers as Learners*. Cape Town: Cape Peninsula University of Technology.

Children's Care Act No 96 of 1996, Amendment Bill 1996. (Published in the *Government Gazette* (33076) Pretoria: Government Printer)

Chohan, F. & Gina, N. 2009. Teenage pregnancy among school learners, and in SA generally.

Available: <https://pmg.org.za/committee-meeting/10724/> (Accessed 2013/04/23).

Choice on Termination of Pregnancy (CToP) Act 92 of 1996 (Published in the *Government Gazette*, (17746) Pretoria: Government Printer).

Colin, A. 2003. *Peer Pressure and Teen Sex*. Available:

<http://www.Psychologytoday.com/articles/200305/peer-pressure-and-teen-sex>

(Accessed 2009/08/22).

Creswell, J. 2003. *Social Science Research Methods Qualitative and Quantitative Approaches*. Madison, WI: University of Wisconsin.

Creswell, J. 2003. *Social Science Research Methods Qualitative and Quantitative Approaches*. In Schurink W., Fouche, C.B. & de Vos A.S. *Research at grass roots for the social sciences and human science professions*. 3rd ed. Pretoria: Van Schaik.

Creswell, J.W. 2007. *Qualitative Inquiry of Research Design: Choosing among five approaches*. London: SAGE.

Criminal Law (Sexual Offenses and Related Matters) Amendment Act 32 of 2007. (Published in the *Government Gazette*, (38243), Pretoria: Government Printer).

Dangal, G. 2006. An update on teenage pregnancy. *The Internet Journal of Gynecology & Obstetrics*. Available: <https://ispub.com/IJGO/5/1/5586> (Accessed 2010/09/13).

David, S. 2001. *The Call to Action to Promote Sexual Health and Responsible Sexual Behavior*. Polity Press: University of Columbia.

Department of Education. 2007. *Measures for the Prevention and Management of Learner Pregnancy*. Limpopo: Department of Education.

Department of Education. 2009. *Education Sector Policy for the Prevention and Management of learner Pregnancy*. Unpublished draft, October.

Department of Health. 2012a. *National Contraception and Fertility Planning Policy and Service Delivery Guidelines*. Pretoria: Government Printer.

Department of Health. 2012b. *Preventing Teenage Pregnancy*. Pretoria: Oxford Journal.

De Villiers, F.P.R. 2004. Social Interaction of Teenage Mothers during and after pregnancy. *South African Family Practitioners*, 46(2):21-24.

Dlamini, L.S & Van der Merwe, M.M. 2002. The development of the teenager in relation to problems of teenage mothers of Swaziland. *Journal of Nursing and Midwifery*, 4(2):51-55.

Dube, P. 2010. 'Teenage Pregnancy'. *City Press*, 06 June: 10.

Duddy, B. 2012. Teenage pregnancies are trapping young people in South Africa. *Milzet Holdings*, 27 November: 12.

East, P.L. & Jacobson, L.J. 2001. The Younger Siblings of Teenage Mothers: A Follow-up of their Pregnancy Risk. *Developmental Psychology*, 37:254-264.

Education Policy Act No 27 of 1996. (Published in the *Government Gazette*, (19349) Pretoria: Government Printer).

Ehlers, V.J. 2003. Adolescent mother's utilization of contraceptive services in South Africa. *International Council of Nurses* 8(1):229-241.

Essortment. [Sa]. Pregnant teenage parents: Alternative programs. Available: <http://www.essortment.com/pregant-teenage-parents-alternative-programs-35252.html> (Accessed 2007/08/14).

Farber, N. 2003. *Adolescent pregnancy: Policy and prevention services*. New York, NY: Springer.

Farrer, F. 2010. Reducing teenage pregnancy. *SA Pharmaceutical Journal*, 77(6):10.

Fouche, C.B. & Delpont, C.S.L 2011. Introduction to the research process. In De Vos, A.S. (Ed.), Strydom, H., Fouche, C.B. & Delpont, C.S.L. *Research at grass roots for the social sciences and human science professions*. 4th ed. Pretoria: Van Schaik.

Fouche, C.B. & Schurink, W. 2011. Qualitative research designs. In De Vos, A.S. (Ed.), Strydom, H., Fouche, C.B. & Delpont, C.S.L. *Research at grass roots for the social sciences and human science professions*. 4th ed. Pretoria: Van Schaik.

Glesne, C. 2006. *Becoming Qualitative Researchers: An Introduction*. Boston, MA: Pearson Education.

Graham, H. & McDermott, E. 2005. Qualitative research and the evidence base of policy: insights from the studies of teenage pregnancy in the U.K. *Journal of Social Policy*, 35(1):21-37.

Grant, M. & Hallman, K. 2006. *Pregnancy-related School Dropout and Prior School Performance in South Africa*. New York, NY: Population Council.

Greeff, F.M. 2011. Information collection Interviewing Introduction to the research process. In De Vos, A.S. (Ed.), Strydom, H., Fouche, C.B. & Delpont, C.S.L. *Research*

at grass roots for the social sciences and human science professions. 4th ed. Pretoria: Van Schaik.

Gregson, S., Nyamukapa, C.A. & Garnett, G.P. 2002. Sexual mixing patterns and sex-differentials in teenage exposure to HIV infection in rural Zimbabwe. *Lancet*, 359:1896-1903.

Hamilton, B.E. & Ventura, S.J. 2012. Birth Rates for U.S. Teenagers Reach Historic Lows for All Age and Ethnic Groups. *NCHS Data Brief No. 89, April*. Available: www.cdc.gov/nchs/data/databriefs/db89.htm (Accessed 2014/03/15).

Health statistics of South Africa. 2007. *Teenage pregnancy: The challenge for South Africa*. Pretoria: Human and Rousseau.

Hoffman, S.S. 2006. *By the numbers: the public costs of Teen Childbearing*. Available: https://thenationalcampaign.org/sites/default/files/resource-primary-download/btn_national_report.pdf (Accessed 2013/06/10).

Hoffman-Wanderer, Y., Carmody, L., Chai, J. & Rohrs, S. 2013. Condoms? Yes! Sex? No! Conflicting Responsibilities for Health Care for Professionals under South Africa's Framework on Reproductive Rights.

Available: [http://www.ghjru.uct.ac.za/pdf/Condoms Yes Sex No.pdf](http://www.ghjru.uct.ac.za/pdf/Condoms%20Yes%20Sex%20No.pdf) (Accessed 2015/03/14).

Holgate, H. & Evan, R. 2006. Sexuality and young motherhood discourses and definitions. In Holgate, H., Evans, R. & Francis, Y. (Eds). *Teenage pregnancy and parenthood: global perspectives, issues and interventions*. London: Routledge.

Hosie, A. 2002. *Teenage Pregnancy in Young Women of School Age: an exploration of disengagement and re-engagement from the education system*. Chicago, IL: University of New Castle.

Ikamba, L.M. & Quedraogo, B. 2003. High-risk sexual behaviour: knowledge, attitudes and practice among youth at Kichangani Ward, Tanga, Tanzania. In Bilinga, M & Mabula, N. *Teaching Sexuality Education in Primary Schools in Tanzania*. Dar es Salaam University College of Education, Tanzania.

Irinoye, O.O., Oyeleye, B.A., Adeyemi, B.A. & Tope-Ojo, V.A. 2004. Analysis of parents' and adolescents' concerns and prescriptions for the prevention and management of teenage pregnancy in Nigeria. *African Journal of Nursing and Midwifery*, 6(1):25-32.

Jewkes, R., Morrell, R. & Christofides, N. 2009. Empowering Teenagers to Prevent Pregnancy: Lessons from South Africa. *Culture, Health & Sexuality*, 11(7):675-688.

Kaiser Family Foundation. 2000. *Decision-making about sex: SexSmarts*. Available: <http://www.kff.org/youthhivstds/3064-index.cfm> (Accessed 2008/12/17).

Karim, A.M., Magnani, R.J., Morgan, T. & Bond, K.C. 2003. Reproductive health risk and protective factors among unmarried youth in Ghana. *International Family Perspective*, 29(1):14-24.

Kaufman, C.E., De Wet, T. & Stadler, J. 2001. Adolescent pregnancy and parenthood in South Africa. *Studies in Family Planning*. Available: www.ncbi.nlm.nih.gov/pubmed/11449863 (Accessed 2015/02/09).

Khalil, A. 2008. Educator support, school goal structures, and teenage mothers' school engagement. *Youth & Society*, 39:524-548.

Kirby, D. 2007. *Emerging Answers 2007: Research Findings on programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Available: https://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007_full_0.pdf (Accessed 2014/06/16).

Knews. 2011. 'Low self-esteem a factor to teenage Pregnancy'. *News 24*, 4 July: 11.

Kyei, K.A. 2012. *Journal of Emerging Trends in Economics and Management Sciences*, 3(2):134-140.

Lall, M. 2007. Exclusion from school: teenage pregnancy and the denial of education. *Sex Education*, 7(3):219-237.

Lewis, M. 2012. *Teen Pregnancy: Yet Another Economic Drain*. Available: <http://www.care2.com/causes/teen-pregnancy-yet-another-economic-drain.html#ixzz2pmrMWq11> (Accessed 2014/04/15).

Lince, N. 2011. Early Marriage and Teenage Pregnancy in South Africa. [PowerPoint presentation]. *Ibis Reproductive Health Conference*. Johannesburg, 9 August.

Locoh, T. 2000. Early Marriage and Motherhood in Sub-Saharan Africa.

Longfield, K., Glick, A., Waithaka, M. & Berman, J. 2004. Relationships between older men and younger women: implications for STIs/HIV in Kenya. *Studies in Family Planning*, 35(2):125–134.

Love Life. 2009. Report on activities and project.

Available: www.lovelifeline.org.za/corporate/index.php/download_file/view/103/274/ (Accessed 03/03/12).

Luker, P. & Kristin, E. 2006. *Adolescents Health: A series of Facts Sheets on Contraception, Sexuality and Sex Education*. New York, NY: Brooks/Cole.

Macleod, C. 2011. *Adolescence, Pregnancy and Abortion: Constructing a Threat of Degeneration*. New York, NY: Routledge.

Macleod, C. 2006. Early reproduction and gendered assumptions about adolescents (hetero) sexuality. In Shefer, T., Bonzaaier, F. & Kiguwa, P. (Eds). *The gender of psychology*. Cape Town: UCT Press.

Macleod, C. 2003. Teenage Pregnancy and the Construction of Adolescence: Scientific Literature in South Africa. *Childhood*, 10(4):419-437.

Maja, T.M.M., Ehlers, V.J. & King, L.J. 2004. Women's knowledge, perceptions and use of emergency contraceptives at three health care centres in northern Tshwane, Gauteng Province. *African Journal of Nursing and Midwifery*, 6(2):30-34.

Makiwane, M., Desmond, C., Richter, R. & Udjo, E. 2006. Is the child grant associated with an increase in teenage fertility in South Africa? Evidence from national surveys and administrative data. Pretoria: Human Sciences and Research Council (HSRC).

Malema, T. 2010. 'Teen Pregnancy'. *City Press*, 05 June: 10.

Maree, K. 2007. *First steps in Research*. Pretoria: Van Schaik.

Marteleto, L., Lam, D. & Ranchhod, V. 2008. Sexual Behavior, Pregnancy, and Schooling Among Young People in Urban South Africa. *Studies in Family Planning*, 39(4):351-368.

Marule, M. 2008. *By the Numbers: the Public Cost of Teen Childbearing*. National Campaign to Prevent Teen Pregnancy. USA: Brook\Cole.

Masinga, S. 2013. 'Teen Pregnancy'. *Mail & Guardian*, 03 June: 13.

Matji, V. 2012. Personal Interview with Life Orientation Teacher in Seshego Circuit, 20 March. Seshego.

Mba, C.J. 2003. Sexual behaviour and the risks of HIV/AIDS and other STD's among young people in Sub-Saharan Africa: A review. *Research Reviews*, 19 (2):15-25.

McKay, B. 2007. *Teen Pregnancies on the Rise*. Atlanta: Centre for Disease Control and Prevention.

Meade, C.S. & Isckovics, J.R. 2005. Systematic review of sexual risk among pregnant and mothering teens in the USA: Pregnancy as an opportunity for integrated prevention of STD and repeat pregnancy. *Social Science & Medicine*, (60):661-678.

Medical Research Council of South Africa. 2007. *A National Health plan for South Africa*. Pretoria: National department of Health.

Meehan, S.A. 2007. Suicide ideation in adolescent South African: the role of gender and coping strategies. *South African Journal of Psychology*, 37:552-575

Mfono, Z. 2003. Focus on women in Development. Parents and the teenage pregnancy crisis in South Africa. *SALUS*, 13(3):6-8.

Mmari, K.N. & Magnani, R.J. 2003. Does Making Clinic Based Reproductive Health More Youth Friendly Increase Service Use by Adolescents? Evidence from Lusaka, Zambia. *Journal of Adolescent Health*, 33:259-270.

Mmari, V., Mchumvu, Y., Silberschmidt, M. & Rasch, V. 2000. Adolescent girls with illegally induced abortion in Dar-es-Salaam: the discrepancy between sexual behaviour and lack of access to contraception. *Reproductive Health Matters*, 8(15):52-59.

Modjadji, P. 2011. 'Pregnancy blues'. *Sowetan*, 16 June: 11.

Mohase, T.B. 2006. The influence of teenage pregnancy and parenting on the performance of Soshanguve secondary school learners. Pretoria: Tshwane University of Technology. (Master's Thesis).

Morake, A., 2011. Factors associated with Teenage Pregnancy in Limpopo Province. Polokwane: Government Printers.

Morehead, A. & Soriano, G. 2005. Teenage mothers: constructing family. *Family Matters*, 72(Summer):64-71.

Morrel, R. 2013. 'SA broods over teen pregnancies'. *Mail & Guardian*, 03 June: 13.

Morrel, R., Shefer, T. & Bhana, D. 2012. *Books and Babies: Pregnancy and young parents in schools*. Cape Town: Rhodes University.

Mothiba, T.M. & Maputle, M.S. 2012. Factors contributing to teenage pregnancy in the Capricorn district of the Limpopo Province, Department of Statistics. University of Venda. *Curationis* 35(1).E1-E5.DOI:4102/curationi.v35 i1.19

Motshega, A. 2012. National youth conference on young women and development. In Panday, S., Makiwane, M., Ranchod, C. & Letsoalo, T. *Teenage Pregnancy in South Africa with a specific focuses on school going learner: Child, Youth, Family and Social Development*. Pretoria: Human Sciences Research Council.

Motswaledi, A. 2012. 'Pregnancy rife at Limpopo School'. *Observer News*, 02 August: 12.

Mthethwa, H. 2003. Human Services Regarding CDC's Trends in Pregnancy Rates Report. Available: <http://www.hhs.gov/news/press/2001pres/20010612.html> (Accessed 2003/02/17).

Musetha, N. 2013. 'Teenage pregnancy in Limpopo worrying'. *Observer*, 04 November: 13.

National Bureau of Statistics. 2000. *Tanzania reproductive and health survey, 1999*. Calverton, MD: Macro International.

National Campaign to Prevent Teen Pregnancy. 2003. *Fact sheet: Recent trends in teen pregnancy, sexual activity & contraceptive use*. Available: (<http://www.popline.org/node/265274>). (Accessed 2014/11/10).

National Cancer Institute. 2005. *Theory at a Glance: A guide for Health Promotion*. Pretoria: Department of Health.

Ngidi, N. 2007. *Perceptions and thoughts on teenage pregnancy as reflected by some participants in the world day essay competition in 1996*. Pretoria: Department of Welfare.

Nivashni, N. 2011. 'School Pregnancy concern'. *Sowetan*, 04 April: 11.

Olausson, P.O., Haglund, B., Weitof, G.R. & Cnattingius, S. 2001. Teenage childbearing and long-term socioeconomic consequences: a case study in Sweden. *Family Planning Perspectives*, 33:70-74.

Olivier, M.A. 2000. Adolescents' Perception of Sexuality. *South African Journal of Education*, 16:5-8.

Panday, S., Makiwane, M., Ranchod, C. & Letsoalo, T. 2009. *Teenage Pregnancy in South Africa with a specific focuses on school going learner: Child, Youth, Family and Social Development*. Pretoria: Human Sciences Research Council.

Papalia, D.S., Olds, S.W. & Feldman, R.D. 2009. *Human Development*. 11th ed. New York, NY: Mc Graw-Hill.

Philemon, M.N. 2007. *Factors Contributing to High School Adolescent Pregnancy Rate in Kinondoni Municipality, Dar-Es-Salaam, Tanzania*. Pretoria: University of South Africa.

Phoshoko. 2012. Personal Interview with Life Orientation Teacher in Seshego Circuit. 20 March. Seshego.

Pillow, W.S. 2004. *Unfit Subjects: Educational Policy and the Teen Mother*. New York, NY: Routledge Falmer.

Planned Parenthood Association of South Africa. 2003. *Survey and needs assessments for adolescent and teen parent in South Africa*. Johannesburg: PPASA.

Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000. (Published in the *Government Gazette*, (19349) Pretoria: Government Printer).

Realini, J.P. 2004. *Teenage pregnancy prevention: what can we do?* San Antonio, TX: Macro International.

Regmi, K. 2009. Opportunities and challenges of sexual health services among young people: A study in Nepal. *Journal Sex Medicine*, 6:352–361.

Rolfe, A. 2008. 'You've got to grow up when you've got a kid': marginalized young women's accounts of motherhood. *Journal of Community & Applied Social Psychology*, 18:299-314.

Ross, E. & Deverell, A. 2010. *Health, illness and Disability : A psychosocial approach*. Pretoria: Van Schaik.

Rothenberg, A. & Weissman, A. 2002. The development of programs for pregnant and parenting teens. *Social Work in Health Care*, 35:65-83.

Sadock, B.J. & Sadock, V.A. 2003. *Synopsis of psychiatry behavioural sciences/clinical psychiatry*. 9th ed. Philadelphia: Lippincott Williams & Wilkins.

Saewyc, E.M., Magee, L.L. & Pettingell, S.E. 2004. Teenage pregnancy and associated risk behaviours among sexually abused adolescents. *Perspectives on Sexual and Reproductive Health*, 36:98–105.

Sarantakos, P. 2005. Violence and Voice: Using a feminist constructivist grounded theory to explore women's resistance to abuse.

Available: <http://qrj.sagepub.com/content/11/1/23.refs> (Accessed 2014/11/10)

Sarri, R. & Phillips, A. 2004 Health and social services for pregnant and parenting high risk teens. *Children & Youth Services*, 26:537-560.

Save the Children 2000. *The occurrence of Teenage pregnancy: socio-demographic update*. Available: www.cdc.gov/teenpregnancy/about/index.htm (Accessed on 01/05/2008).

Schurink, W., Fouche, C.H. & De Vos, A.S. 2011. Qualitative data analysis and interpretation. In De Vos, A.S. (Ed.), Strydom, H., Fouche, C.B. & Delpont, C.S.L. *Research at grass roots for the social sciences and human science professions*. 4thed. Pretoria: Van Schaik.

Senyatsi. E. 2013. 'Teen Pregnancy'. *Polokwane Express*, 17 September: 13.

Setati, T. 2012. Personal Interview with Life Orientation Teacher in Seshego Circuit. 20 March. Seshego.

Shanok, A.F. & Miller, L. 2007. Stepping up to motherhood among inner-city teens. *Psychology of Women Quarterly*, 31:252-261.

Shearfor, B.W. & Horesji, C.R. 2008. *Techniques and Guidelines for Social Work*. Boston: Pearson & Bacon.

Shisana, S. 2005. *Adolescent Pregnancy and Parenthood: Recent Evidence and Future Directions*. USA: Oxford University.

Sieger, K. 2007. Pregnant and parenting adolescents: A study of ethnic identity, emotional and behavioral functioning, child characteristics, and social support. *Youth Adolescents*, 36:567-581.

Singh, S. & Darroch, P. 2000. Family Planning Perspectives. *Alan Guttmacher Institute*, 3(1):14-23.

SmithBattle, L. 2003. Understanding teenage mothering: Conventional and unconventional wisdom. *Prevention Researcher*, 10(3):1-4.

Sodi, E.E. 2010. *Psychological Impact of Teenage Pregnancy on Pregnant Teenagers*. Polokwane: University of Limpopo.

Sosibo, K. 2007. 'Sweet 16 young mamas'. *Mail & Guardian*, 09 - 15 March: 7.

South African Children's Act No 84 of 2005, as amended by the Children's Act No. 41 of 2007. (Published in the *Government Gazette*, (33076) Pretoria: Government Printer).

South African Schools Act No 84 of 1996. (Published in the *Government Gazette*, (35617) Pretoria: Government Printer).

South African Social Security Agency Act No 74 of 1996. (Published in the *Government Gazette*, (33279) Pretoria: Government Printer).

Spear, H. J. 2004. Personal narratives of adolescent mothers-to-be: Contraception, decision making, and future expectations. *Public Health Nursing*, 21:338-346.

Speidel, J.J., Harper, C.C. & Shields, W.C. 2008. The Potential of Long-acting Reversible Contraception to Decrease Unintended Pregnancy *Contraception*, 78(3):197-200.

Spencer, S. 2011. Facts about Teenage pregnancy Available:

http://www.ehow.com/about_4619346_teen-pregnancy.html

(Accessed 2014/04/03).

Stephens, S.A., Wolf, W.C. & Batten, S.T. 2003 Strengthening school based programmes: Challenges and solutions. *Prevention Researcher*, 10(3)340-371.

Stock, D., Jacqueline, L., Michelle, A., Bell, D., Debra, Boyen, K., Frederick, A.C. 7 Connel. 2004. Adolescent Pregnancy and Sexual Risk-Taking Among Sexually Abused Girls

Available:<http://www.guttmacher.org/pubs/journals/2920097.html>(Accessed 2015/10/13)

Strydom, H. 2011. Ethical aspects of research in the social sciences and human service professions. In De Vos, A.S. (Ed.), Strydom, H., Fouche, C.B. & Delpport, C.S.L. *Research at grass roots for the social sciences and human science professions*. 4thed. Pretoria: VanSchaik.

Strydom, H. & Delpport, C.S.L. 2011. Sampling and pilot study in qualitative research. In De Vos, A.S. (Ed.), Strydom, H., Fouche, C.B. & Delpport, C.S.L. *Research at grass roots for the social sciences and human science professions*. 4thed. Pretoria: Van Schaik.

Swartz, B. 2004. *Teenage pregnancy: STDs and HIV/AIDS*. USA: Green Wood.

Swartz, L., de la Rey, C., Duncan & Townsend, L. 2011. *Psychology an introduction* 3rd ed. Cape Town: Oxford University Press

The Guttmacher Institute. 2006 *U.S. Teenage Pregnancy Statistics National and State Trends and Trends by Race and Ethnicity*. New York: The Guttmacher Institute.

Tonelli, M. 2004. The continuing challenge of teen pregnancy. *Journal of Pediatric & Adolescent Gynecology*, 17(1):69-70.

Treffers, P. 2005. *Adolescent Pregnancy: Issues in Adolescent Health and Development*. Geneva: World Health Organisation.

Tremblay, L. & Frigon, J. 2004. Bio behavioural and cognitive determinants of adolescent girls' involvement in sexual risk behaviours: A test of three theoretical models. *The Canadian Journal of Human Sexuality*, 13(1):29-43.

Tsai, Y.F. & Wong, T.K. 2003. Strategies for resolving aboriginal adolescent pregnancy in eastern Taiwan. *Journal of Advanced Nursing*, 41(4):351-35.

Turner, K.M. 2004. Young women's views on teenage motherhood: A possible explanation for the relationship between socioeconomic background and teenage pregnancy outcome. *Journal of Youth Studies*, 7:221-238.

UNFPA. 2001. Adolescents in India. A profile.

Available: www.un.org.in/adolescentsprofile.pdf (Accessed 2001/06/03).

UNICEF. 2008. Annual Report. USA: UNICEF Publications.

Wang, R.H., Wang, H.H. & Hsu, M.T. 2003. Factors Associated with Adolescent Pregnancy: A Sample of Taiwanese Female Adolescents. *Public Health Nursing*, 20(1):33-41.

Weisfeld, G.E. & Woodward, L. 2004. Current evolutionary perspectives on adolescent romantic relations and sexuality. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43:11-19

World Health Organisation. 2008. *Contraception in Adolescence. Issues in Adolescent Health and Development*. Geneva: World Health Organisation.

World Population Day. 2011. Young family and planning: Teenage Pregnancy. Available: <http://www.unfpa.org/events/world-population-day-2011> (Accessed 2013/07/09).

APPENDIX A

PERMISION LETTER FROM THE LIMPOPO DEPARTMENT OF EDUCATION



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF EDUCATION

Enquiries: Dr. Makola MC, Tel No: 015 290 9448, E-mail: MakolaMC@edu.limpopo.gov.za.

P O BOX 749

FAUNAPARK

0787

RE: Request for permission to Conduct Research

1. The above bears reference.
2. The Department wishes to inform you that your request to conduct a research has been approved- TITLE: CHALLENGES EXPERIENCED BY PREGNANT ADOLESCENT LEARNERS IN THE SCHOOL SETTING.
3. The following conditions should be considered
 - 3.1 The research should not have any financial implications for Limpopo Department of Education.
 - 3.2 Arrangements should be made with both the Circuit Offices and the schools concerned.
 - 3.3 The conduct of research should not anyhow disrupt the academic programs at the schools.
 - 3.4 The research should not be conducted during the time of Examinations especially the forth term.
 - 3.5 During the study, the research ethics should be practiced, in particular the principle of voluntary participation (the people involved should be respected).
 - 3.6 Upon completion of research study, the researcher shall share the final product of the research with the Department.

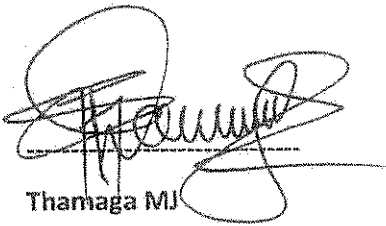
Page 1 of 2

Cnr. 113 Biccard & 24 Excelsior Street, POLOKWANE, 0700, Private Bag X9489, POLOKWANE, 0700
Tel: 015 290 7600, Fax: 015 297 6920/4220/4494

The heartland of southern Africa - development is about people!

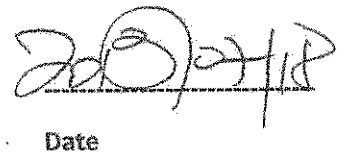
4. Furthermore, you are expected to produce this letter at Schools/ Offices where you intend conducting your research as an evidence that you are permitted to conduct the research.
5. The department appreciates the contribution that you wish to make and wishes you success in your investigation.

Best wishes.



Thamaga MJ

Head of Department



Date

APPENDIX B

LETTER OF ETHICAL CLEARANCE



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

5 June 2014

Dear Prof Lombard

Project: Challenges experienced by pregnant adolescent learners in a school setting in Limpopo province
Researcher: NE Lekalakala
Supervisor: Prof CSL Delport
Department: Social Work and Criminology
Reference numbers: 10597523

I am pleased to be able to inform you that the above application was **approved** by the **Research Ethics Committee** on 29 May 2014. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

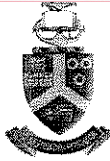
We wish you success with the project.

Sincerely

Prof Karen Harris
Acting Chair: Postgraduate Committee &
Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail:Karen.harris@up.ac.za

APPENDIX C

RESPONDENTS LETTER OF INFORMED CONSENT AND INFORMED ASSENT



Researcher: Mrs Nakedi Elisa Lekalakala

Tel: 0152964197 or 0721114900

E-mail: nakedile@webmail.co.za

Participant's name:.....

INFORMED CONSENT

Title of study: Challenges experienced by pregnant adolescent learners in a school setting in Limpopo province.

Purpose of the study: The study aims to explore the challenges pregnant adolescent learners are experiencing in a school setting in Limpopo province.

Procedures: I understand that my child will be required to participate in a semi-structured interview that will require 60 minutes of her time and that it will be tape recorded. The tape recordings will be transcribed for data analysis purposes. Only the researcher and the study supervisor will have access to the tapes and transcripts which will ultimately be stored in a secure place at the University of Pretoria for a period of 15 years.

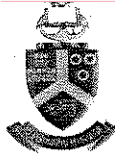
Risks and Discomfort: I understand that there are no known risks and discomfort that my child may be exposed to in participating in this study. However, if my child will experience any discomfort at any time during the research study, she will inform the researcher and the researcher will refer her to the area Social Worker for counselling.

Benefits: I understand that there is no direct financial benefit to my child for participating in this study. However the study will benefit my child indirectly in that she will gain a better understanding of the challenges experienced by pregnant adolescent learners in the school setting.

Participant's right: My child participation in this study is voluntary and my child may withdraw her participation at any time without any negative consequences.

Confidentiality and anonymity: Information collected in the study will be treated confidentially and my child's name will not appear in the research report or any scientific journal in which the results will be published. Findings will not be presented in a way that could be directly linked to my child.

Data storage: The data that is collected through this study will be stored by the University of Pretoria for a period of 15 years. If anyone wishes to use these data, it will only be allowed with my informed consent.



Researcher: Mrs Nakedi Elisa Lekalakala

Tel: 0152964197 or 0721114900

E-mail: nakedile@webmail.co.za

Participant's name:.....

INFORMED ASSENT

Title of study: Challenges experienced by pregnant adolescent learners in a school setting in Limpopo province.

Purpose of the study: The study aims to explore the challenges pregnant adolescent learners are experiencing in a school setting in Limpopo province.

Procedures: I understand that I will be required to participate in a semi-structured interview that will require 60 minutes of my time and that the interview will be tape recorded. The tape recordings will be transcribed for data analysis purposes. Only the researcher and the study supervisor will have access to the tapes and transcripts which will ultimately be stored in a secure place at the University of Pretoria for a period of 15 years.

Risks and Discomfort: I understand that there are no known risks and discomfort that I may be exposed to in participating in this study. If I experience any discomfort at any time during the research study, I will inform the researcher and if necessary she will refer me to the area Social Worker for counselling.

Benefits: I understand that there is no direct financial benefit to me for participating in this study. However the study will benefit me indirectly in that I will gain a better understanding of the challenges experienced by pregnant adolescent learners in the school setting.

Participant's right: My participation in this study is voluntary and I may withdraw my participation at any time without any negative consequences.

Confidentiality and anonymity: Information collected in the study will be treated confidentially and my name will not appear in the research report or any scientific journal in which the results will be published. Findings will not be presented in a way that could be directly linked to me as a participant.

Data storage: The data that is collected through this study will be stored by the University of Pretoria for a period of 15 years. If anyone wishes to use these data, it will only be allowed with my informed consent.

APPENDIX D

EDITORIAL LETTER

EDITOR'S STATEMENT

16 July 2015

I hereby declare that I have edited this document entitled *The Challenges Experienced by Pregnant Adolescent Learners in the School Setting* by Nakedi Elisa Lekalakala. The edit entailed correcting spelling and grammar where necessary, and checking for consistencies in style and reference method used. I have not helped to write this document or altered the student's work in any significant way. I will not be held accountable for bad spelling or grammar, or erroneous referencing where the student has rejected my editing.

It was not my responsibility to check for any instances of plagiarism and I will not be held accountable should the student commit plagiarism. I did not check the validity of the student's statements/research/arguments.

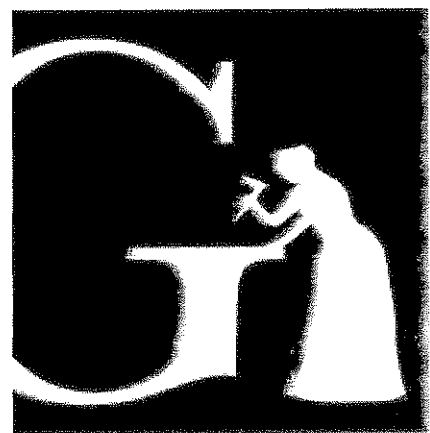


Lindi De Beer

Contact Details:

☎ 083 456 4358

✉ lindi@grammarsmith.co.za



GRAMMAR
SMITH

APPENDIX E

INTERVIEW SCHEDULE

INTERVIEW SCHEDULE

SECTION A: BIOGRAPHICAL PROFILE OF THE RESEARCH PARTICIPANTS

1. Age of participant.

14	15	16	17	18
----	----	----	----	----

2. Grade of participant.

8	9	10	11	12
---	---	----	----	----

3. Race of the participant.

Black	White	Indian	Coloured	Other Specify
-------	-------	--------	----------	---------------

4. Duration of pregnancy

1-3 Months	4-6 Months	1-9 Months
------------	------------	------------

5. Number of members in the household

1	2	3	4	5	6	7
---	---	---	---	---	---	---

6. Parents/Guardians of participants

Both parents	Single parents	Guardians
--------------	----------------	-----------

Section B: THEMES

1. How did the pregnancy affect your school life?
2. What are the socio-economic challenges you are experiencing in the school setting?
3. What are the physical challenges you are experiencing in the school setting?
4. What are the emotional challenges you are experiencing in the school setting?
5. What are the educational challenges you are experiencing in the school setting?
6. In your view and experience, can you determine the coping mechanisms and support systems of pregnant learners within the school setting?