

# The effect of pregnancy on a schoolgirl's education

by

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submitted in fulfillment of the requirements for the degree of

**Master in Education**

in the

Department of Educational Psychology and Special Education

of the

Faculty of Education at the University of Zululand

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KwaDlangezwa  
October 2012

## DECLARATION

I declare that this dissertation "*The effect of pregnancy on a schoolgirl's education*" represents my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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October 2012

## **ACKNOWLEDGEMENTS**

I would like to express my sincere gratitude and appreciation to the following:

- Prof. M S Vos for her unfailing guidance, support, motivation and supervision in my endeavor to prepare for and complete this study.
- My husband, Muziwakhe and our sons, Wandile and Thapelo who were hijacked into accompanying me on this journey. Thank you for allowing me to steal family time to complete my study and fulfill dream.
- My brothers for their help, support and understanding.
- My brother-in-law, Thubani for supporting me during the initial stage of this study.
- The school principals who allowed their staff to participate in the research.
- The participants in this study who sacrificed their time in the completion of the questionnaire.

## DEDICATION

This work is dedicated to my:

- husband, Muziwakhe; and
- my sons Wandile and Thapelo.

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## SUMMARY

The aim of this investigation was to determine the effect pregnancy has on a schoolgirl's education. The focus was on secondary schools in the Pietermaritzburg district in KwaZulu-Natal.

An introductory literature review was provided of the reasons for the high prevalence of pregnancy amongst schoolgirls. Research conducted during 2011 in South Africa has found that by the age of 18 years more than thirty percent (31,5%) of girls have given birth at least once. At a meeting on June 2012, the MEC for education in KwaZulu-Natal acknowledged that schoolgirls are falling pregnant in their thousands. Conditions under which the problem of schoolgirl pregnancy occurs is not homogeneous and may vary from one demographic background to another. Schoolgirl pregnancy is mostly associated with frequent sex without reliable or no contraception, peer pressure, inadequate knowledge about sexuality, sexual coercion, proof of fertility, poor socio-economic conditions and promiscuity.

Schoolgirl pregnancy affects the educational success of most teenage girls in South Africa. Although a schoolgirl is allowed to return to school after the birth of her baby she is faced with many challenges in trying to cope with the demands of motherhood and schooling simultaneously. Therefore many pregnant girls drop out of school and continue the poverty cycle in which they are trapped. Research has established that pregnancy and motherhood have a profound impact on the mother and child by placing limits on her educational achievement and economic stability as well as predisposing her to single parenthood.

For the purpose of the empirical investigation a self-structured questionnaire was utilized to obtain educators perceptions concerning the effect of pregnancy on a schoolgirl's education. A quantitative descriptive analysis was undertaken of the completed questionnaires.

In conclusion a summary of the study and findings emanating from the literature and empirical investigation were presented. Based on these findings the following recommendations were made:

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- The Department of Education must ensure that an effective sexuality programme is offered at all schools. The programme should focus on prevention of pregnancy and second chance opportunities for schoolgirl mothers.
- The government in collaboration with education departments should establish health clinics that are linked to schools.

## CHAPTER 1

### ORIENTATION

#### 1.1 INTRODUCTION

Education is central to the development of young people as it prepares them for the world of work and life. As young people spend longer periods in education, as part of the natural course of development, sexual experimentation and maturity is increasingly coinciding with secondary schooling (Panday, Makiwane, Ranchod & Letsoalo, 2009:5). For many teenagers it remains at the level of experimentation, and if sex occurs, indications are that some form of contraception is used when teenagers are still at school (Bhana, Morrell, Shefer & Ngabaza, 2010:873). However, for many schoolgirls it results in pregnancy, HIV or other sexually transmitted diseases (Mwaba, 2000:32). Being a schoolgirl who is pregnant or a mother has implications for continued educational opportunities.

South Africa is confronted with an escalating epidemic of schoolgirl pregnancies. According to Panday *et al.* (2009:21) schoolgirl pregnancy has grown in significance as a social construct and as such represents one of several indicators of burgeoning schoolgirl delinquency, sexual permissiveness and moral decay. Chigona and Chetty (2007:2) see schoolgirl pregnancy as a socioeconomic challenge and an important health problem for many communities in South Africa. It is a reflection of irresponsible sexual behaviour and inconsistent use of contraception. According to Oni, Prinsloo, Nortje and Joubert (2005:55) schoolgirl pregnancy may include health risks such as complications during pregnancy or delivery and secondary infertility if an abortion is done. In addition, the possibility of dropping out of school is considerable which results in a lack of educational qualifications and future employment.

Mngoma (2010:11) says that schoolgirl pregnancy is considered to be a disaster by most people. Yet schoolgirl pregnancies are increasing in number each year and are occurring at younger ages. Although this trend is noticeable all over the world, the problem is greater in developing countries such as South Africa (Devenish, Funnell & Greathead,

2004:180). According to Karra and Lee (2012:12) the pregnancy rate amongst schoolgirls in South Africa remains high by international comparison and the rate of 13% in rural areas in KwaZulu-Natal is twice the national average of 6.5%. Medical risks, disruption of education and long-lasting emotional problems are associated with schoolgirl pregnancy (Kanku and Mash, 2010:563). According to Newman (2008:4) the choice of what to do when the pregnancy is confirmed is too serious a matter for the level of maturity of most schoolgirls. A pregnant schoolgirl often faces confusing advice from people regarding pregnancy, child-rearing and education and this can undermine her confidence in herself and her ability to cope (Changach, 2012:3).

In their research Karra and Lee (2012:15) found that most schoolgirls perceive falling pregnant while still at school as a negative event with consequences such as difficulty at school or drop out, unemployment, guilt feelings, alienation from family members and friends and loss of a boyfriend. Mazibuko (2002:2) points to the fact that a baby changes its mother's life in many ways. A pregnant schoolgirl has to consider her future and the things she may not be able to do once the child is born (Hughes, 2002:23). Will she be able to finish her education and have a professional career? Therefore, a pregnant schoolgirl needs to calculate the risks involved and determine whether she can take proper care of a baby and complete her education (Nash, 2002:151).

## **1.2 ANALYSIS OF THE PROBLEM**

The prevalence of teenage pregnancy in South Africa has reached alarming proportions (Karra & Lee, 2012:10). In a South African Youth Risk Behaviour Survey (YRBS) that was conducted by the Medical Research Council in 2008 amongst 13 to 19 year-old youths the following were found (MRC, 2009:7):

- Nationally 37% of school-going learners(boys and girls) had initiated sexual activities (KZN 37.5%).
- About a quarter (24.4%) of school-going girls nationally became pregnant (KZN 25.8%).
- These 2008 figures indicate an increase in the pregnancy rate compared with the previous YRBS survey conducted in 2002

- These figures show that the prevalence of schoolgirl pregnancy in KwaZulu-Natal is higher than the national prevalence

At a joint media briefing with Child- line and the Department of Health, held in Durban on the 14<sup>th</sup> of June 2012, the KwaZulu-Natal Education MEC, Senzo Mchunu, expressed his concern regarding the shocking increase of schoolgirl pregnancies and said many cases reported show that male educators have become in affairs with the girls in their care (Khubisa, 2012:2). He announced that in 2010 and 2011 a total of 12971 schoolgirls fell pregnant in Kwazulu-Natal and this year the figures looked like they would be just as shocking. Some of the figures presented at the meeting with reference to the 12971 schoolgirls that fell pregnant in 2010 -2011 were (Mkamba & Moola, 2012:1):

- Nearly four percent (3.9%) or 508 were still in primary school.
- Just less than ten percent (9, 7%) or 1263 schoolgirls fell pregnant in the Pinetown district.
- Nine percent (9%) or 1195 pregnant schoolgirls were in the uMlazi district.
- More than thirteen percent (13.3%) or 1725 were in the Vryheid district.
- More than ten percent (10, 7%) or 1383 of the pregnant girls were in the Empangeni district.

On a recent visit (May 2012) to a Vryheid High School the principal revealed that 60 schoolgirls were pregnant at his school. The Uthungulu district reported 465 pregnant schoolgirls and the Ilembe district 785 at a meeting in June 2012 (Khubisa, 2012:2).

From the above it is thus evident that schoolgirl pregnancy poses a crisis in KwaZulu-Natal. Ferguson (2004:2) says that the specific conditions under which this problem occurs is certainly not homogeneous and may vary from one demographic background to another. According to Panday *et al.* (2009:15) and Rangiah (2012:10) several studies indicate the following as contributing to schoolgirl pregnancies.

- Lack of knowledge about sexuality and reproductive functions. Knowledge
- Inadequate sexuality education and guidance.
- Lack of parental care, control and supervision, for example single parent families.



- Peer group pressure or influence.
- Poverty and social conditions
- Non-contraceptive usage and misconceptions
- Lack of recreation facilities and social entertainment.
- Exposure to sex movies and pornographic material.
- Coercive sexual relations

According to Bhana *et al.* (2010:874) and Bezuidenhout (2008:25) schoolgirl (teenage) pregnancy is causing much concern in many countries, including South Africa for, *inter alia*, the following reasons:

- Medically, adolescent pregnancy is considered as a high risk because of the higher incidences of pregnancy and birth complications, premature and infant mortality.
- Educationally, it often means an interruption or termination of the girl's schooling, which ushers in a cycle of failure in occupational training for the schoolgirl mother.
- Socially, it may perpetuate the conditions of deprivation and poverty that often characterise the schoolgirl mother's family background.
- Emotionally, it attempts to satisfy unmet emotional needs for intimacy, bonding and being needed. It also relates to the girl's search for identity or becoming a mother as the girl feels she has attained a certain identity and status.

### **1.3 STATEMENT OF THE PROBLEM**

In essence the problem that will be investigated in this study pertains to the effect that pregnancy has on the education of a schoolgirl. Being a pregnant schoolgirl inevitably leads to schooling disruption or drop out, which means a life-world remarkably different from that of non-pregnant schoolgirls. Therefore, some of the questions that require answers are:

- What are the reasons for schoolgirl pregnancy?
- What is the effect of the pregnancy on the education of the schoolgirl?
- What support is available for pregnant schoolgirls?

#### **1.4 ELUCIDATION OF CONCEPTS**

In the interest of clarity and understanding, important concepts in this study need to be elucidated.

##### **1.4.1 Gender issue**

In this study all references to any gender, where applicable, include reference to the other gender.

##### **1.4.2 Adolescence**

The term adolescence is commonly used to describe the transition stage between childhood and adulthood and is also equated to both the terms “teenage years” and “puberty”. (Wikipedia, 2012:127). However, Kaplan (2004:4) maintains that adolescence is not exclusive to either of these terms as puberty refers to hormonal changes that occur early teenage years and adolescence can extend well beyond the teenage years. Many researchers and development specialists use the age span 10 to 24 years as a working definition of adolescence (Bolton, 2003:26). Vrey (1990:165) points out that efforts to link a specific chronological age to the adolescent phase are rendered difficult by major cultural differences and because children differ too much. He, however, says adolescence takes up the years from 12 to 22.

However, it is not difficult to identify the onset of adolescence because it is characterised by clearly discernible physical and physiological changes. During puberty body growth accelerates, the reproductive organs become functional, sexual maturity is attained and secondary sexual characteristics appear. According to Newman (2008:4) it also appears that the age at which adolescence begins is becoming lower and that girls become sexually mature at a younger age.

According to Du Toit and Kruger (1994:3) the term 'adolescence' is derived from the Latin verb '*adolescere*' which means 'to grow up' or 'grow to adulthood'. The adolescent is the youth at the stage between childhood and adulthood. Burger, Gouws and Kruger (2000:12) describe adolescence as the human development phase; the social status or transitional period within the total life cycle, from puberty to adulthood. During this period the adolescent's code of moral behaviour, self-discovery and the establishment of an identity, changes in emphasis, and the actualization of social independence are characteristic of this phase.

From the above it is thus evident that a schoolgirl is in the adolescent phase and for the purpose of this study the terms adolescent and teenager will be used as alternatives.

### **1.4.3 Education**

Education is the practice – the educator's concern in assisting the child on his way to adulthood. Education is therefore defined as the conscious, purposive intervention by an adult in the life of a non-adult to bring him to independence (Van Rensburg, Landman & Bodenstein, 1994:366). Education as pedagogic assistance is the positive influencing of a non-adult by an adult, with the specific purpose of effecting changes of significant value. Du Toit and Kruger (1995:5) contend that education refers to the help and support which the child receives from an adult with a view of attaining adulthood.

### **1.4.4 Pregnant schoolgirl**

A pregnant schoolgirl can be described as an adolescent, teenaged or under-aged girl, usually within the age group 13 to 18 years, who has fallen pregnant while still in school (Kanku & Mash, 2010:564)

### **1.4.5 Schoolgirl-mother**

The schoolgirl-mother is described as a girl of school going age that has reached sexual maturity, is able to bear children and has given birth to a baby (Beesham, 2000:7). A girl is

seen as a schoolgirl-mother if she is an adolescent, attending school, of compulsory school age and has a baby.

### **1.5 AIMS OF THIS STUDY**

The aims of the study are:

- To establish what the reasons are for schoolgirl pregnancy.
- To determine what effect pregnancy has on the education of the schoolgirl.
- To find out the nature of the support available for a pregnant schoolgirl.

### **1.5 METHOD OF RESEARCH**

Research with regard to this study will be conducted as follows:

- A literature study of available and relevant literature
- An empirical survey comprising a self-structured questionnaire to be completed by educators.

The method of research for the empirical survey will be explained in Chapter 3.

### **1.7 FURTHER COURSE OF THE STUDY**

Chapter 2 will deal with a literature research on the effect pregnancy has on the schoolgirl's education.

Chapter 3 will explain the empirical research methodology utilised in this study.

Chapter 4 will consist of the presentation and analysis of the research data.

Chapter 5 will provide a summary of the study, findings from the research and recommendations.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 INTRODUCTION

Schoolgirl pregnancy has militated against the educational success of girls in South Africa (Chigona & Chetty, 2007:1). Recent research in South Africa has found that by the age of 18 years more than thirty percent (31.5%) of teenage girls have given birth at least once (Karra & Lee, 2012:16). Schoolgirls form part of this statistics and it is thus evident that teenage pregnancy is becoming more and more a barrier to girls' education. At a meeting in Durban on 14 June 2012 Senzo Mchunu, the MEC for education in KwaZulu-Natal said that schoolgirls are falling pregnant in their thousands in the province and that "We are in a crisis in this province". Education is important for these girls in order to break the poverty cycle in which most of them are trapped. Although these girls are allowed to return to school after becoming mothers, they face many challenges in trying to balance motherhood and the demands of schooling and many of them drop out (Oni *et al.*, 2005:54).

According to Karra and Lee (2012:4) in South Africa sixty one percent (61%) of the uneducated adult population are women. In South Africa, as in many developing countries, schoolgirl (teenage) pregnancy has been one of the major hindrances to the educational success of women (Marteleto, Lam & Ranchod, 2008:355). Schoolgirls who fall pregnant are less likely to complete their high school education and according to Grant and Hallman (2006:19) their chances of tertiary education are also greatly reduced. Changach (2012:2) concludes that schoolgirl motherhood seems to impose long-term consequences on the career development of these young mothers and hence is likely to lead to transmitting poverty from generation to generation.

Falling pregnant while still at school happens at the wrong time for a girl as it affects very much their education and often ends up ruining their future (Kanku & Mash, 2010, 564). According to Chigona and Chetty (2007:1) in some instances where schoolgirl mothers continue their schooling they are often described and assumed to be poor or incapable

learners. In addition, Bhana *et al.* (2011: 878) say that too often pregnancy during high school is a signal for the school's staff and families to abandon the pregnant schoolgirl, designating them as school failures. Jewkes (2007:4) views a pregnant schoolgirl to be at a critical point in her life where her course may be shaped towards healthy development, stability and productivity or towards poverty, failure and dependency. Without adequate support for the pregnant schoolgirl to complete her education, she will struggle with poverty and its effects.

For various reasons, such as the high level of sexual activity among adolescents and their tendency not to use contraceptives, it is not surprising that schoolgirl pregnancies are a national social problem that threatens to assume epidemic proportions (Canavan, 2007:1). Since schoolgirls in the adolescent state are often still emotionally and socially immature and dependent the implications of pregnancies are legion (Lloyd & Mensch, 2008:9). According to Maphumulo (2009:6) the consequences of a schoolgirl pregnancy are enormous for the girl, her family, father of the child, the baby and society. Mngoma (2008:18) says most schoolgirl mothers drop out of school or have to repeat grades several times. Schoolgirl mothers may also not be socially and personally mature enough to assume the new roles imposed on them by parenthood and are inclined to be deficient in parenting skills (Bolton, 2003:31).

In this chapter the following will be discussed:

- Reasons for schoolgirl pregnancy.
- The effect of pregnancy on the schoolgirl's education.

## **2.2 REASONS FOR SCHOOLGIRL PREGNANCY**

Schoolgirl pregnancy has been associated with frequent sex without reliable or no contraception, sexual coercion, inadequate sexual communication between partners, to prove one's fertility, poor socio-economic conditions and promiscuity (Kanku & Mash, 2010:564). The perception that most of your friends have been pregnant, liberal attitudes towards casual sex, the use of alcohol or drugs, fear of hormonal contraceptives and poor school-based sexuality education can also be associated with schoolgirl pregnancies (Oni *et al.*, 2005:55). According to Vundule, Maforah, Jewkes and Jordaan (2001:76) the reasons why schoolgirls are not using contraception include ignorance, fear of parents finding out, shyness in going to

a clinic, and disapproval from the boyfriend. In the following discussions some of the reasons that emerged from the literature research will receive attention.

The following reasons for schoolgirl pregnancy will be discussed:

- Knowledge about sexuality.
- Peer pressure.
- Independence.
- Media.
- Early menarche.
- Beliefs about fertility.
- Availability of contraceptives
- Poor socioeconomic conditions
- Risk-taking behaviour.
- Role models

### **2.2.1 Knowledge about sexuality**

In their research on schoolgirl pregnancy, Marston and King (2006:1583) established that lack of authentic knowledge about sexuality issues seemed to be one of the major causes of pregnancies amongst schoolgirls. Adequate knowledge about sexuality can only be obtained by education and the family milieu and parents are regarded as the most suitable to inform the child about sexuality issues (Bezuidenhout, 2004:42). However, in certain cultures sexuality issues are the least spoken about or discussed by members of the family, any sex topic is taboo (Rangiah, 2012; 16). According to Newman (2009:4) mothers often fail to communicate the 'facts of life' to their daughters and information about menarche is acquired from an elder sister, peers or nurses from health departments who visit schools.

In a study conducted by the Human Science Research Council (HSRC) in 2008 concerning sexuality and reproductive issues it was found that parents are reluctant to discuss these issues with their children (Panday *et al.*, 2009:21). The study focused on children in the age group 12-17 years and the respondents indicated that they obtain most of their information about sexuality and reproduction from their friends at school. It was, however, also established that friends very seldom have the correct or complete information about these issues.

Harrison (2006:41) says teenagers (adolescents) who experience physiological and other changes often find it difficult to discuss these experiences with their parents. In need of information, they turn to their peers for guidance or seek information from other sources (e.g. books) to satisfy their curiosity (Panday *et al.*, 2009:19). Although there are health clinics available to adolescents where they can obtain appropriate information on sexuality matters, many do not use these facilities for fear of being identified as sexually active or the believe that such facilities are only for adult mothers, the elderly and the sick (Bezuidenhout, 2008:2008:40).

A third ( $33\frac{1}{3}$ ) of children in the Republic of South Africa have already had sexual intercourse at the age of 14 years and less than half of their parents are unaware that their children are involved in sexual activities (Kruger, 2011:5). Although most children have access to information about HIV/AIDS and sexuality they lack adequate knowledge about contraception and sexually transmitted diseases (Mwaba, 2000:32).

### **2.2.2 Peer pressure**

Varga (203:17) states that after the family, the peer group is the most important socialisation agent. Jewkes (2007:11) says that not only is the peer group a primary source of information on sexuality issue but they also create an environment in which peer pressure is exerted on the teenager to indulge in sex because “everyone does it” or because they do not want to “feel left out”. Macleod (1999:26) accentuates this when she indicates that peer pressure sometimes involves exclusionary practices, as when sexually inexperienced teenagers are sent away during the discussion of any sexual matters.

Schoolgirls share a great deal of their lives with the peer group; they go to school with them, participate in sport with them, spend leisure time with them and sleep over at their homes (Gouws & Kruger, 1994:117). Matters that cannot be discussed with parents in some instances are freely discussed with the peer group, for example personal problems, educators, parents, clothing, the future, sex, contraceptives, drugs, alcohol, etc. However, the sexual information that peers have is not always authentic. Thus incorrect information received about sex from the peer group, peer pressure or the need of the teenager to be like his peers all contribute to causing unwanted pregnancies (Bezuidenhout, 2008:40).



Gouws and Kruger (1994:118) maintain that relationships with peers and peer pressure play an important role during adolescence. They spend a lot of time together in groups and the individual has to conform in order to be accepted by the group. The implication is that conformity is either implicitly or explicitly enforced and schoolgirls often engaged in sexual activities to be accepted in their peer group despite the possibility of an unwanted pregnancy (Vundule, *et al.*, 2001:74). The adolescent schoolgirl will conform even if it means a contravention of social or parental norms (Bolton, 2003:34)

### 2.2.3 Independence

Personal independence for the adolescent (schoolgirl) involves leaving the safety of the family environment and orientating into the world outside (Vrey, 1990:103). The adolescent must be physically and physiologically prepared to let go of their dependence on their parents (guardians) and to value identification with the peer group higher than attachment to the home and family (Burger, Gouws & Kruger, 2000:113). Becoming emancipated (independent) and gradually loosening ties of parental authority is a major development task of the adolescent. Unless the adolescent gradually loosens his ties with parents he cannot hope to contract adult relationships or develop his own identity and value system and become a member of society in the fullest sense.

There are two sides to the independence of the adolescent schoolgirl, on the one hand the adolescent's readiness to take her own decisions and accept responsibility for them and on the other hand the parents' readiness to permit this (Vrey, 1990:175). Successful independence demands a synchronization of these two processes but if they do not coincide the outcome may be, *inter alia*, (Masemola, 2007:6):

- An adolescent schoolgirl engaging in sexual activities as a way of insisting on a freedom (independence) she cannot yet responsibly exercise and which may therefore result in an unwanted pregnancy.
- Parents' reluctance or refusal to give the schoolgirl her rightful independence may result in her becoming pregnant to prove her independence.

## 2.2.4 Media

The mass media with its sexualised content is also a contributing factor that perpetuates schoolgirl pregnancies as it gives teenagers easy access to pornographic and adult television programmes (Oni et al., 2005:56). Pornographic material and sexuality information is freely accessible via devices such as computers and cell phones. In her research Rangiah (2012:13) established that adolescent girls who were more exposed to sexuality in the media were also more likely to engage in sexual activities

Bezuidenhout (2004:31) says that “sexually arousing material, whether it is on film, in print or set to music, is freely available to the teenager and such information is often presented out of context of the prescribed sexual norms of that society”. According to Panday *et al.* (2009:36) there is no question that television also contributes to sexual activities amongst school children. Devenish, Gillian and Greathead (2004:162) say teenagers today have access to books, films, videos and magazines that are explicit in describing sexuality issues. Many are factually incorrect, creating unrealistic expectations from teenagers and increasing the myths about sexuality issues.

All people respond to sexual stimulation, but the teenager (adolescent), because of inexperience, is especially vulnerable as the intensity of the responses is confusing and difficult to understand (Ferguson, 2004:2). According to Bezuidenhout (2008:42) a cursory assessment of the films South Africans could view during the month of April 2007 on M-Net indicated the following:

- Twenty-six percent (26%) contained explicit sex scenes.
- Fifteen percent (15%) contained nude scenes.
- Six percent (6%) were listed as appropriate for the whole family to view.
- Fifty-three percent (53%) contained no nude or sex scenes, but did contain varying degrees and combinations of violence, foul language and content that either needed parental guidance or carried an age restriction.

In research interviews conducted with pregnant schoolgirls Beesham (2000:45) received the following responses:

- My friends and I watch *Days of our Lives* and *The Bold and the Beautiful* which show sex scenes. By watching this you also want to experiment and experience the enjoyment and good feelings seen on TV.
- You can read in magazines about love-making and sex positions and how to enjoy sex. By reading about sex you also want to enjoy, experiment and experience.
- When watching sex scenes on TV or age restriction movies about sex you want to do and experience it for yourself.

### **2.2.5 Early menarche**

Research has shown that the onset of menarche in most countries has largely decreased and seems to have stabilised at an average of 13 years with 0.5 years variations between countries (MRC (2009:23) Research by Buga *et al.* (2006:525) indicates that the age of menarche is decreasing for both urban and rural black females.

Marteleto, Lam and Ranchod (2008:356) say that early sexual intercourse (defined as having had sexual intercourse before 15 years) can be associated with early menarche. Early sexual initiation could have negative effects on a girl's health due to the development inabilities to deal with the consequences of such sexual activities (Madhavan, 2005:123). Research studies have shown that sexual activities at a young age were related with lesser use of contraceptives methods and an increase in sexually transmitted diseases exposure (Bezuidenhout, 2008:43).

### **2.2.6 Beliefs about fertility**

In their research on teenage pregnancy Kanku and Mash (2010:567) found that teenage girls may feel the need to prove that they are able to have children before marriage. Although current research indicates a change in the belief that it is important to prove one's fertility before marriage, this value is still found to be one of the reasons of teenage pregnancy (Masemola, 2008:6).

Wood and Jewkes (2006:111) reported in their research findings that many girls was often pressurised to get pregnant at an early age. Amongst their respondents many girls described the importance of proving fertility in order to attain status and acceptance as a woman. They described it as having a “strong snake in the womb”. Many of the girls also admitted that they fell pregnant because of the pressure put on them by a boyfriend or family members to prove their fertility. According to Macleod (1999:9) a girl’s sexual partner also often wanted to prove his fertility by fathering a child and pregnancy will prove love and commitment.

### **2.2.7 Contraception**

A survey conducted by Oni *et al.* (2005:52) indicated that some schoolgirls knew almost nothing about contraceptives. Most of the girls that partook in the survey said that they had been provided with at most very little and vague information about sexual matters and contraception by their mothers, other relatives or educators. Some girls said friends gave them information about contraceptive methods or they occasionally visit clinics in small groups for information and advice.

According to Panday *et al.* (2009:22) the question to be asked is why, in an age of improved and more available methods of contraception, do so many adolescent girls become pregnant? Newman (2008:29) maintains that one of the reasons for the high pregnancy rate amongst teenagers is that they use no method of contraception. Ferguson (2004:3) and Wood and Jewkes (2006:111) give the following reasons why teenagers (schoolgirls) did not use contraceptives:

- Fear that contraception could cause infertility.
- The belief that contraceptives can make you sick.
- Contraceptives diminished sexual feelings.
- Limited and inaccurate knowledge about contraceptive methods.
- Girls do not use birth control because they want to get pregnant.
- The unavailability of contraceptives.

Rule (2004:4) says that some people believe that teaching teenagers about contraception encourage sexual activity and that if contraception was not available sexual activity would be

prevented. However, research shows that the majority of teenagers are already sexually active for between six months and one year before attending a family planning clinic (MRC, 2009:6). Fear of pregnancy or sexually transmitted diseases does not always deter teenagers from sexual intercourse. The reality is that each unplanned pregnancy is a tragedy because the situation is preventable (Devenish, Funnell & Greathead, 2001:244).

According to Kruger (2011:5) there is a great deal of disinformation about reproductive anatomy and physiology in relation to the use of contraceptives. The result is that contraceptives, when they are available, are not used or are used incorrectly. It is a known fact that many young girls' first experience of sexual intercourse happen without any contraceptive protection (Bolton, 2003:41). Similarly, a visit to a general practitioner or family planning clinic for guidance takes place only after they have been sexually active for some time, and by then the teenager is often already pregnant (Nash, 2003:154).

### **2.2.8 Socioeconomic conditions**

Poverty has been identified by researchers as one of the major contributors to teenage (schoolgirl) pregnancies (Rangiah, 2012:11). Schoolgirls from families with a low socioeconomic status often engaged in unprotected sexual activities to fall pregnant hoping to receive money from the father or child grant to improve their circumstances (Karra & Lee, 2012:17). According to Mwaba (2000:32) poverty could be an important factor influencing decisions on whether or not to use contraceptives.

In their research Marteleto, Lam and Ranchod (2008:361) found that teenage pregnancy is high amongst child headed households. A schoolgirl that is the head of a household often engages in several sexual activities in exchange for money for survival. The Human Sciences Research Council's survey on teenage pregnancy in South Africa found that teenagers from poor households who struggle to meet immediate material needs, often make trade-offs between their reproductive health and economic security (HSRC, 2009:58). Sex in exchange for material goods leads to teenagers (schoolgirls) involved in dysfunctional relationships, engaging in multiple sexual partnerships which often involve older men and educators. Within these relationships there are limited opportunities to negotiate safe sex and the risk of pregnancy is increased.

Kanku and Mash (2010:566) conducted interviews with teenagers from a community characterised by poor socioeconomic conditions which include unemployment, poverty, reliance on government grants and limited opportunities for teenagers. Their research revealed the following:

- Government child support grants were seen as one of the means to increasing the household income and an incentive for teenagers to contribute through having a baby.
- Teenagers, especially schoolgirls, saw the grant as a way of getting pocket-money for cell phones or clothes.
- Having a baby from an older working man may secure financial support for the baby and also would provide income for the broader family.
- The absence of recreation facilities in poor communities give school girls free time over weekends and holidays to visit taverns and earn money by selling their bodies.

### **2.2.9 Risk-taking behaviour**

Kanku and Mash (2010:566) refer to research that found that there is also schoolgirls who fall pregnant while intoxicated because their judgement is impaired and they are less careful. When an under aged schoolgirl request an older boyfriend to buy alcohol for her in a tavern it may be as a way of asking for an agreeing to sex. (Hughes, 2002:51).

In her research on risk-taking behaviour among adolescents, Dietrich (2003:30) established that alcohol and drug consumption prior to sexual activity occurred mostly among older adolescents. She also discovered a link between no condom usage and drug abuse in the sexual activity among sexually active adolescents. According to Bezuidenhout (2008:42) various other researchers have made similar findings regarding the low usage of contraceptives among sexually active teenagers that are substance abusers. It is apparent, therefore, that the intake of drugs and alcohol prior to sexual activity can be linked to an

indifferent attitude towards the use of contraceptives, thereby increasing risk-taking sexual behaviour and the possibility of an unwanted pregnancy.

According to Oni *et al.* (2005:56) alcohol and drug use can stimulate sexual activities through nullifying the schoolgirl's inhibitions and the direct stimulation of sexual desire. When under the influence of drugs teenagers engage in sexual activities without taking proper or no precautionary measures.

### **2.2.10 Role models**

Parents are the child's primary educators and first role models and thus have a very early and extensive impact on the child's belief systems and values which affect their behaviour (Gouws & Kruger, 1994:23). Children identify themselves with their parents' values and norms which lead to the formation of a personal value system (Vrey, 1990:182). The sexual values and norms that are set as an example by parents serve as an important standard for young people's behaviour. Panday *et al.* (2009:35) recognised parental values as a vital factor that influences the adolescent's sexual début. Adolescents whose parents are clear about the value of delaying sex are less likely to engage in sexual activities at an early age. Adolescents with parents who have permissive attitudes about sex or premarital sex or parents that have negative attitudes about contraception are more likely to have early and unsafe sex and fall pregnant (Macleod, 1999:12).

According to Varga (2003:161) not only parents but other family members also serve as role models to children. Adolescents are more likely to initiate in sex and experience pregnancy if other family members have sex outside marriage, are cohabiting with a sexual partner or have a child outside marriage. Several studies have found that having a mother or sister who was a teenage parent is strongly linked with a teenager falling pregnant (Saville, 2006:3).

According to Bezuidenhout (2008:44) teenagers are today exposed to role models who are successful and respected single mothers. Many of the schoolgirl's educators are single mothers and this gives her the message that it is possible to attain success in life even if one falls pregnant during one's adolescent years. Movie stars and actresses in soapies, who are

single mothers or have children before getting married, are often idolised by adolescent schoolgirls and viewed as role models (Masemola, 2008:6).

## **2.3 EFFECT OF PREGNANCY ON THE SCHOOLGIRL'S EDUCATION**

### **2.3.1 Introduction**

Although pregnancy and motherhood do not always interrupt a schoolgirl's education they do introduce a new set of circumstances that influence future decisions related to the girl's education (Grant & Hallman, 2006:11). According to Panday *et al.* (2009:27) schoolgirl pregnancy can have a profound impact on the mother and child by placing limits on her educational achievement and economic stability as well as predisposing her to single parenthood.

Bezuidenhout (2008:44) states that an unmarried, pregnant teenager (schoolgirl) finds herself in the midst of a multifaceted crisis characterised by the emotional and physical reality of a pregnancy, the interruption of normal physiological and psychological development, a possible change in education and career pursuits, as well as in parental and kinship support, an increase in medical risks during pregnancy, and premature assumption of the adult role with its associated responsibilities.

According to Karra and Lee (2012:4) pregnancy immediately places a teenager at an educational and economic disadvantage. She may now take longer to complete her studies, and may therefore be economically inactive for a longer period of time. She may also fail to complete her education, struggle to find proper employment and may have to make ends meet from a government grant or support from relatives.

In their research Bhana *et al.* (2010:873) found that the presence of a pregnant girl(s) in a classroom is not only a threat to their own academic achievement but also to the collective academic performance of the class as well as the classroom harmony. In particular, most pregnant schoolgirls are not able to cope with the school's academic demands.



### **2.3.2 Absenteeism**

Pregnant schoolgirls are often absent from school for a variety of reasons related to their pregnancy (Rangiah, 2012:41). According to Mamhute (2012:28) pregnancy is a unique condition in that it is the only state which affords two people to live under one skin and this two-in-one state affects the physical well-being of the mother. Some of the most common physical problems associated with pregnancy are nausea and vomiting, dizziness, tiredness and oedema which may prevent the girl from going to school.

A pregnant schoolgirl may miss some classes during the day when she is not feeling well. School days are missed when the pregnant schoolgirl has to visit a clinic or doctor and during the final of stages of her pregnancy, delivery and after the birth of the baby (Bezuidenhout, 2008:34).

### **2.3.3 Poor performance in school work**

Chigona and Chetty (2007:2) say being frequently absent from school result in pregnant schoolgirls missing a lot of schoolwork (e.g. lessons, assignments, tests). Educators also reported that when comparing a learner's performance before and after pregnancy there is a decrease in their academic performance (Beesham, 2000:45). Various research studies confirmed that due to their pregnancy schoolgirls are often absent because they do not feel well or to visit the clinic or doctor (Changach (2012:4). Being absent causes the pregnant schoolgirl to miss schoolwork such as lessons, tests and assignments and most of the time she falls hopelessly behind in their schoolwork.

Inadequate educator assistance to pregnant learners is also one of the reasons for them not performing well in their schoolwork (Madhaven, 2005:129). According to the South African policy guidelines for management of schoolgirl pregnancy educators are required to give, monitor and mark schoolwork when the pregnant learner is unable to come to school for example while waiting to give birth (Chigona & Chetty, 2007 12). Research, however, found that this provision was seldom if at all observed in schools (Rangiah, 2012:160). According to Lloyd and Mensch (2008:10) because of a heavy workload and large classes educators do not have the time and/or energy to give pregnant learners special assistance

### 2.3.4 Discrimination

The Oxford Dictionary (2005:121) defines discrimination as when an unjust distinction is made in the treatment of different categories of people on the grounds of sex, race or minority. In the context of this study discrimination can thus be seen as the unfair treatment of a pregnant schoolgirl, for example if a she is marginalised, discriminated and forced to leave school.

Rule (2004:5) says discrimination in the school situation means treating a learner less favourably, because of a protected characteristic, as not allowing the learner to participate in a particular activity which other learners are allowed to participate in. Grant and Hallman (2009:375) identify the following as discriminating practices by a school (educators):

- Not allowing a pregnant schoolgirl to go on class or school excursions.
- Refuse pregnant schoolgirls to attend school functions.
- Exclude pregnant schoolgirls from school activities.
- Refusal by educators to give a pregnant schoolgirl the opportunity to catch up lost schoolwork, for example to write a test or do an assignment at a later date because it was missed when she was absent.

According to Bezuidenhout (2004:27) pregnant schoolgirls are often openly discriminated against by their peers and learners at school. Learners call them whores or other humiliating names, while their peers exclude them from group activities such as birthday parties. Discrimination against pregnant schoolgirls is evident by the following findings of Beesham (2000:52):

- In class learners avoid sharing a desk with a pregnant girl because they are afraid of also getting sleepy and doze off like the pregnant girl.
- Learners do not want to use the same toilet as a pregnant schoolgirl for fear of contracting a sexually transmitted infection.

- Learners ostracize pregnant learners as they might be associated with them and also seen as someone with low morals.
- Learners tease and taunt pregnant schoolgirls by calling them bad names and making embarrassing remarks about their pregnancy.

### 2.3.5 School drop out

Marteleteo and Lam (2008:3) maintain that if a girl returns to complete her schooling after the birth of a child it is because of the support received from her family and being provided with flexible child care options. However, childbearing impedes on most girls' educational careers. Research has found that pregnancy in school often resulted in poor results, failure, repeating of grades and school dropout (Dietrich, 2003:29). According to Bhana *et al.* (2008:876) the following are, *inter alia*, factors which make it difficult or even impossible for teenage mothers to continue or complete their educational career:

- Teenage mothers are unable to cope with caring for a baby and attending to the needs of schooling.
- Teenage mothers have limited resources to navigate the world of learning and parenting.
- No or very little support is forthcoming from the school and / or society.
- Lack of a family support system.
- Lack of support from the father of the child.
- Due to poverty in rural areas schoolgirls have to leave school and find work to earn extra income for their children despite the availability of a child grant.
- Pregnant schoolgirls are stigmatized, discriminated against and taunted in school.

Nash (2002:152) says the price of an adolescent (schoolgirl) pregnancy is lost potential, because they become mothers without the necessary knowledge, skills, resources and networks to cope with the demands of parenthood. The impact of a schoolgirl pregnancy on educational achievement and economic progress later in life remains negative and significant in later life. According to Panday *et al.* (2009:27) schoolgirl mothers tend to have fewer years of schooling compared to those who have their first child after completing their schooling. In their research Grant and Hallman (2006:371) found that only around a third of schoolgirls re-enter the schooling system post-pregnancy despite the fact that South legislation allows girls to return to school. The disruption that pregnancy inflicts on the educational and occupational outcomes of teenage mothers both maintains and exacerbates poverty (Saville, 2006:3).

Some girls back in school (after giving birth) develop emotional problems, negative attitudes or low self-concepts. Schoolgirl mothers generally display the following characteristics (Ramalebana, 1995:2):

- They achieve academically poorer than the “ordinary” schoolgirls. For example, they tend to fail more examinations than ordinary schoolgirls.
- Their achievements are low, worse, and weaker than before they had babies.
- Their brightness has gone, their general ability is dented and they seem to be depressed most of the time.
- In many instances, they under-achieve. In other words, there is a discrepancy between their possible and actual performance.
- They seem to be generally demotivated.

Schoolgirl mothers choose to continue their schooling because they consider academic qualifications as a ticket to participating in the labour market (Chigona & Chetty, 2008:10). However, the majority of schoolgirl mothers have to repeat a grade when they return to school because of missed schoolwork, poor performance and failure in the examination for promotion to the next grade (Panday *et al.*, 2009:59).

### 2.3.6 Educators' attitudes

Research has shown that there was a universal lack of enthusiasm and a negative attitude amongst educators for accommodating pregnant learners in school (Runhare, 2010:148). According to Bhana *et al.* (2010:871) most of the school principals and educators involved in their research were also unenthusiastic about enrolling and supporting either pregnant schoolgirls or schoolgirl mothers in their schools. An educator at a girls' school in KwaZulu-Natal verbalised educators' feelings as follow: "None of us really want them at school. If there was a special school for those who are pregnant they must all go there. They can be taught in this school, have their babies and they can all look after their babies there together". Most principals and educators say having pregnant girls in their school is not always pleasant but they have no option but to accommodate them as it is policy.

Chigona and Chetty (2008:5) say that educators' objection to pregnant learners in school range from their inability to cope with academic demands to their disruptive influence on the learning environment in class. Some educators also find it difficult to override their own beliefs around generational hierarchies, reproduction and gender (Mpanza, 2006:32). According to Bhana *et al.* (2010:874) the presence of a pregnant girl in school may encourages other girls to do the same and could even lead to sexual anarchy among other learners.

Mpanza and Nzima (2010:21) and Chigona and Chetty (2008:3) view, *inter alia*, the following as reasons for educators' negative attitude towards pregnant schoolgirls:

- Moralistic arguments in which schoolgirl (teenage) pregnancy and parenting, indeed and sexuality outside marriage is considered deviant and taboo.
- The legislation that pregnant learners be admitted to school is largely understood as a government initiative foisted upon schools.
- Educators feel that a pregnant schoolgirl is setting the wrong precedent to other girls.

- The visible evidence of pregnant girl in class let educators feel uncomfortable and they feel they are teaching a women and not a girl.
- Many educators regard the presence of a pregnant learner in their classroom as a threat to the collective academic performance of the class and classroom harmony because they question the ability of the pregnant girl to cope with both academic and pregnancy demands.

### **2.3.7 Educators' understanding**

According to the findings in a study by Chigona and Chetty (2008:7) pregnant schoolgirls feel that educators do not understand their circumstances. The pregnant schoolgirls and schoolgirl mothers interviewed said that most educators do not empathise with them and they were expected to perform and behave just like any other learner in their respective classes. In his research Runhare (2010:73) found that schoolgirls that are pregnant or mothers feel that educators put a good deal of pressure on them without really understanding what they are going through. These girls are often ridiculed by educators in front of their classmates when they had not satisfied the class requirements (Mamhute, 2011:32).

Bhana *et al.* (2008:81) are of the opinion that the situation concerning schoolgirl pregnancy/motherhood and schooling problems is not always understood in South Africa. Grant and Hallman (2006:372) view the situation relating to schoolgirl pregnancies and schooling disturbances is inevitably associated with societal problems and should be understood in that context. To them problems range from ignorance, moral collapse, sexual abuse of female adolescents and lack of knowledge about early menarche. Karra and Lee (2012:14) argue that obtaining educational qualifications is no longer a right to schoolgirl mothers but something these girls owe society if they are not to be welfare dependent and a burden to taxpayers.

Chigona and Chetty (2008:14) say pregnant schoolgirls and mothers should be understood as learners with special educational needs. The situation of a pregnant schoolgirl is vastly different from that of other girls; she is frequently absent, doze off in class, often do not pay

attention as she is distracted by worries about her situation and her participation in class seem to be unwelcome as she is ignored or ridiculed other learners, etc. (Dietrich, 2003:30).

### **2.3.8 Support from educators**

Pregnant schoolgirls face an overwhelming number of challenges in school and need understanding and support from parents, peers and educators (Bhana *et al.*, 2010:872). However, researchers established that many educators are not pleased with the challenge of dealing with a policy that allows pregnant schoolgirls to continue with their schooling (Mpanza & Nzima, 2010:433). For these educators schools are expected to be spaces of sexual innocence and to them pregnant schoolgirls incited anger and hostility and are framed as sexually immoral and censured (Oni *et al.*, 2005:54).

Some educators, however, under difficult structural constraints are able to cultivate care and support for pregnant schoolgirls and schoolgirl mothers (Vundule *et al.*, 2001:75). According to Bhana, Morrell, Epstein and Moletsane (2006:16) there are educators who take pastoral care of pregnant schoolgirls seriously and offer understanding of their circumstances and also provide sympathy and support. These educators recognise the pregnant schoolgirl's right to education and if possible will give individual attention to her in order to help her cope with schoolwork and pregnancy (Grant & Hallman, 2006:15).

Mamhute (2012:28) says that despite the extreme demands placed on South African educators, there are educators that support pregnant school girls and schoolgirl mothers, although much of this support is unacknowledged and invisible and they are not rewarded for it. Some educators show a great deal of sensitivity in dealing with pregnant learners and might even spoil the in class. There are also educators that are sympathetic in their understanding of schoolgirl mothers as they have to negotiate schooling and parenting. Panday *et al.* (2009:28) refer to educators that are willing to give extension of the due date of schoolwork or sending missed work home with a classmate.

Findings from research done by Cunningham and Boulton (2007:5) showed that it is mostly female educators whose identification as mothers as well as knowledge of the "pain, difficulty, challenges and responsibility" associated with pregnancy and motherhood enable a

supportive and caring environment for the girls in their school. In their research Bhana *et al.* (2008:82) found the following aspects that support the pregnant schoolgirl and the schoolgirl mother:

- To prevent pregnant schoolgirls from the risk of infection with contagious diseases (e.g. measles and chicken pox) special provision is made not to let them write examination in crowded classrooms but rather in one of the offices or staffroom.
- When they have to miss school to go to the clinic provision is made to catch up the missing schoolwork by sending it home with a class mate or go through the lessons with her when she is back.
- To cause the least embarrassment for the pregnant girl as soon as she is showing too much and no longer comfortable wearing a school uniform she is allowed to wear private clothes.
- During the period a pregnant learner is absent while awaiting delivery educators provide her with work done in class and monitor and mark it.

### **2.3.9 Future perspective**

The future outlook of most pregnant schoolgirls is bleak (Dhlamini, 2009:3). After the birth of the baby they are saddled with the responsibility of bringing up a child while they are themselves still 'children' that are supposed to be in school. The possibility of furthering their studies, in order to qualify for choice career prospects, is remote because of financial constraints and the responsibilities of motherhood.

Mngoma (2010:11) says schoolgirl mothers mostly face an obscured future because there is little to look forward to or to expect, and there are no plans or tasks, however small, waiting to be fulfilled. In the research done by Beesham (2000:39) a respondent said: "My future is quite hopeless at the moment. I am 18 years old and stuck with two children. I have not



completed my schooling and have no permanent job. I am dependent on my parents because I cannot support myself and my children.”

Education plays an important role in the future of young people as it prepares them for work and life as an adult. However, available statistics indicated that a third of pregnant schoolgirls do not complete their schooling (Dhlamini, 2009:3). Without proper education teenage mothers do not qualify for jobs to earn enough money to support them and their child (children). According to Grant and Hallman (2006:365) there is a substantial body of evidence indicating that one of the most consistent risk factors of schoolgirl pregnancy is lower socio-economic status. This cycle of poverty often repeats itself with pregnant schoolgirls beginning a lifelong trajectory of poverty for themselves and their children through truncated educational opportunities and poor job prospects.

The father traditionally played the role of provider for his family. In research done by Swartz and Bhana (2009:39) it was found that teenage mothers are more likely to be single parents and if married to experience high divorce rates. They also reported that although most teenage fathers accept responsibility for fathering a child they have the same profile as the teenage mother. This means low educational attainment, low socio-economic status and therefore they seldom have the financial resources to support the child and mother.

## **2.4 SUMMARY**

Despite the fact that information about sexuality issues and contraceptive methods are widely available the rate of schoolgirl pregnancy remains alarmingly high in South African schools. Although many adolescents have sufficient knowledge about contraceptive methods, gaps often exist in the accuracy of their knowledge or skill regarding the correct use of contraception. Errors in the correct use of contraceptives decrease their effectiveness and increase the chances of becoming pregnant. Many sexually active teenagers do not use any method of contraception because they have negative perceptions about contraceptives or have no access to contraceptives.

Adolescents (schoolgirls) who participate in one form of risk behaviour often also partake in other risk behaviours; alcohol and drug use increases an adolescent's chances of unprotected

sexual intercourse. The biggest risk of substance abuse in adolescents' sexual behaviour is that they are more likely to engage in casual sex. Another risk factor related to teenage pregnancy is that sex often happened because adolescents perceived that people of their age (peers) are sexually active. Peers may encourage sexuality among their friends although pregnancy itself is stigmatised. Girls often feel pressure from their friends to engage in sexual activities as a means to gain peer group respect.

Parents have a very early and extensive impact on a schoolgirl's (adolescent's) belief systems and values and thus on their behaviour. Therefore teenagers with parents who have permissive ideas about premarital sex or negative attitudes about contraception are more likely to have unprotected sex and become pregnant. Family members are also role models to their children and adolescents growing up are more likely to engage in sexual activities if their parents or other family members are promiscuous.

The media, in particular television, also play a significant role in the sexual activities of adolescents. Books, films, videos, CDs and magazines with explicit descriptions or scenes concerning sex are freely available. Teenagers read about sex in magazines or watch programmes with sex scenes on TV. As a result teenagers (adolescents) also engaged in the observed sexual activities because they want to experiment and experience the enjoyment and good feelings as portrayed.

Parenthood is a major event in the lifespan of any individual but is problematic when it happens to a schoolgirl. Parenthood takes on special significance and precedes the transition to education, work, citizenship and marriage that collectively offer the skills, resources and social stock necessary for individuals to succeed as parents. Pregnancy among teenagers, which include schoolgirls, remains a common social and public concern worldwide and South Africa is also confronted with an escalating epidemic of teenage pregnancies.

Schoolgirl pregnancy can have a profound impact on the teenage mother and her baby by placing limits on her educational career and economic stability and predisposing her to single parenthood and marital instability in the future. The educational consequences of schoolgirl pregnancy are frequent absenteeism, poor academic performance, school dropout and lower educational attainment. Due to inadequate education the labour force earnings of mothers

who had an early teenage pregnancy are not satisfactory because they are barred by a lack of education from earning a sound living. Some families enable teenage mothers to return to school after the birth of her baby to protect their educational opportunities, but for those without family support, new motherhood responsibilities limit such possibilities.

In the next chapter the empirical research methodology followed in the study will be explained.

## **CHAPTER 3**

### **PLANNING OF THE EMPIRICAL RESEARCH**

#### **3.1 INTRODUCTION**

In the previous chapters the conceptual and theoretical issues relating to the effects of pregnancy on a schoolgirl's education were examined. The literature review showed that pregnancy has serious consequences for the schoolgirl as they impact negatively on her education and future career opportunities. In this chapter the research methodology used in the empirical investigation concerning the effect of pregnancy on a schoolgirl's education will be explained.

#### **3.2 PREPARATION FOR THE RESEARCH**

##### **3.2.1 Population**

De Vos ((2000:34) defines a population as the entire collection of persons, objects or events which are potentially available for observation. Dale (2006:3) describes a research population as a large collection of individuals or objects that is the main focus of a scientific investigation. A research population is also known as a well-defined collection of individuals or objects known to have similar characteristics.

The target population for this investigation was educators from schools in the Pietermaritzburg district in KwaZulu-Natal. Educators were selected as respondents because of their perceptions, views and opinions regarding the effect pregnancy have on the education of pregnant learners in their classes.

##### **3.2.2 Sampling**

A sample is simply a subset of the population. Maree (2007:12) says the concept of a sample arises from the inability of researchers to test all the individuals in a given population. The

sample must be representative of the population from which it is drawn and must have a good size to warrant statistical analysis.

According to Mays and Pope (2000:23) simple random sampling entails defining the population to be studied, determining the sample size, assigning each member of the population a number and then using arbitrarily selected numbers from a table of numbers, giving each individual an equal chance of being selected for inclusion in the sample. In this manner, a sufficiently random sample of the population becomes representative of the larger whole.

For the purpose of this study ten (10) educators were randomly selected from 12 schools as described above. This provided the researcher with a sample of 120 educators which is considered as an adequate sample for a research project at masters level

### **3.3 THE RESEARCH INSTRUMENT**

#### **3.3.1 The questionnaire as a research instrument**

The research instrument of choice for this investigative study was the written questionnaire. A questionnaire is a prepared question form submitted to respondents in order to obtain information about a given topic (Beins, 2003:31). A structured questionnaire, containing questions with alternative answers from which the respondent selects, was regarded as the most suitable research instrument for this study. The researcher's selection the questionnaire as research instrument will be motivated under the following headings:

- Construction of the questionnaire
- Characteristics of a good questionnaire
- Advantages and disadvantages of the written questionnaire
- Validity and reliability of the questionnaire

### **3.3.2 Construction of the questionnaire**

To enable the researcher to explore educators' perceptions concerning the effect that pregnancy has on a schoolgirl's education, a questionnaire had to be developed. According to Hofstee (2006:139) good questionnaire construction is critical to the success of a survey. Mays and Pope (2000:37) see the directness and clarity in the formulation of questions as vital in the effectiveness of a questionnaire. Neil (2007:121) says in questionnaire construction it is important to formulate questions that have the same meaning for every respondent.

The aim of the questionnaire was to obtain information regarding the effect pregnancy has on the education of a schoolgirl and for this purpose the questionnaire was sub-divided into the following categories:

- Section one dealt with the biographical information of the respondents and consists of questions 1 to 7.
- Section two focused on possible reasons why schoolgirls fall pregnant.
- Section three contained statements concerning educational problems faced by pregnant schoolgirls.
- Section four enquired about the assistance available pregnant schoolgirls.

### **3.3.3 Characteristics of a good questionnaire**

During the construction of the questionnaire the researcher had to consider the characteristics of a good questionnaire in order to meet the requirements necessary for the research instrument to be reliable (Anderson, Berdie & Niebuhr, 2002:40). The characteristics of a good questionnaire that guided the researcher are, according to Wolhuter, Van der Merwe, Vermeulen and Vos (2003:15) and Wayne (2001:37) the following:

- The questionnaire has to deal with a significant topic, one the respondents will recognise as important enough to warrant spending time on. The aim should be clearly stated on the questionnaire.
- The questionnaire must be as short as possible but consist of enough questions to get the required data. Long questionnaires often find their way into the wastepaper basket.
- Questionnaires should be attractive in appearance, neatly typed, logically arranged and clearly duplicated.
- Directions to answer questions must be clear and important terms clearly defined.
- Each question has to deal with a single concept and should be worded as simply and straightforwardly as possible. Questions must maximise legibility by avoiding ambiguity, vagueness, bias, prejudice and technical language.
- Questions should be presented in a proper psychological order, proceeding from general to more specific and sensitive responses. An orderly grouping of questions helps respondents to organise their own thinking so that their answers are logical and objective.

### **3.3.4 Advantages and disadvantages of the written questionnaire**

The advantages of the written questionnaire were one of the reasons why the researcher selected it as research instrument. The following advantages were considered as the most important by the researcher (Neil, 2007:139; Onganya & Ododa, 2009:3):

- Written questionnaires are the least expensive means of data gathering. The researcher incurs low cost in collecting data as it involves just the designing of the questionnaire and sending it to the respondents.
- The analysing and processing of coded data is less expensive in terms of both time and money.

- There is no likelihood of Interviewer bias in written questionnaires as the respondent would be interpreting the questions his own way.
- Written questionnaires are completed anonymously and thus increase the researcher's chances of receiving responses which genuinely represent a person's beliefs, feelings, opinions or perceptions.
- Completing a questionnaire in his own time permits a respondent a sufficient amount of time to consider answers before responding.
- Questionnaires can be given to many people simultaneously, that is to say a large sample of a target population can be reached.
- Written questionnaires provide greater uniformity across measurement situations because each person responds to exactly the same questions and instructions.
- Respondents can complete questionnaires in their own time and in a more relaxed atmosphere.
- The administering of questionnaires and the coding, analysis and interpretation of data can be done without any special training.

The researcher was also aware of the fact that the written questionnaire has important disadvantages. Hannan (2007:12) and Onganya and Ododa, (2009:3) view the following as disadvantages of a written questionnaire:

- There is no control on how questions are being answered as they may be passed on to another person.
- Questionnaires do not provide the flexibility of interviews. In an interview an idea or comment can be explored. If questions are interpreted differently by respondents the validity of the information obtained is jeopardised.



- The written questionnaire must be seen as final as there is no follow-up mechanism, for example re-checking of responses cannot be done.
- If respondents are unwilling to answer certain questions nothing can be done about it because the written questionnaire is essentially inflexible.
- In a written questionnaire the respondent examines all the questions at the same time before answering them and the response to a question may affect the response to another question or questions.

### 3.3.5 Validity and reliability of the questionnaire

#### (1) Validity

According to Bless and Higson-Smith (2000:25); Maree (2007:13) the validity of a research instrument refers to the extent to which it measures what it is supposed to measure. There are a number of different types of validity, namely, face validity, content validity, construct validity and criterion validity.

**Face validity.** Face validity refers to the extent to which an instrument 'looks' valid in terms of measuring what it is supposed to measure. Notably, this type of validity cannot be quantified or tested.

**Content validity.** This kind of validity refers to the extent to which the instrument covers the complete content of the particular construct that it is set out to measure. To ensure the content validity of an instrument, the researcher usually presents a provisional version to experts in the field for their comments before finalising the instrument.

**Construct validity.** This type of validity is needed for standardisation and has to do with how well the construct(s) covered by the instrument is / are measured by different groups of related items. For example, if one wants to use an instrument to measure personality, there are quite a number of different personality factors – warmth, seriousness and trustworthiness to

name only a few – that need to be measured, each by a different set of related items. Each of these immeasurable or latent factors needs to be addressed by a number of questions whose combined responses provide a measure of the factor. Construct validity of an instrument should first be examined and shown to be present before it can be said to be a standardised instrument.

**Criterion validity.** This type of validity is probably the ultimate test as to whether an instrument measures what it is supposed to measure. To be able to measure the degree of criterion validity of an instrument, scores on an existing instrument (the criterion) which is known to measure the same construct should be available for the sample of subjects. The correlation between the instrument and criterion is an indication of the criterion validity of the instrument. A high correlation indicates a high degree of validity and a low correlation indicates a low degree of validity.

In this investigation the researcher is of the view that the questionnaires administered to the respondents in the research sample were completed with the necessary honesty and sincerity required to render the responses maximally valid. Frankness in responding to questions was made possible by the anonymity of the respondents. The time estimated to complete the questionnaire was established in the pilot study and questions and instructions that were misinterpreted by the participants in the pilot study were corrected or reformulated.

## (2) Reliability

According to Beins (2003:19) and Welman and Kruger (2001:61) when referring to the reliability of an instrument it means that if the same instrument is used at different times or administered to different subjects from the same population, the findings should be the same. In other words, reliability is the extent to which a measuring instrument is repeatable and consistent. The following are the different types of reliability. They are test-retest reliability, equivalent form reliability, split-half reliability and internal reliability.

**Test-retest reliability.** Bless and Higson-Smith (2000:21) argue that this type of reliability of an instrument is determined by administering the instrument to the same subjects on two or more occasions. It is also asserted that the set of scores is then compared with the second

set by calculating a correlation coefficient. As noted by Mays and Cope (2000:22) one problem with this method is the memory effect since if the time lapse between the two occasions is too short, the subjects may remember their responses on the first occasion and then simply respond in the same way. This then results in an artificially high reliability.

**Equivalent form reliability.** According to Saville (2008:34) a measure of this type of reliability is obtained by administering the instrument and then, on a second occasion, administering an equivalent instrument – measuring the same construct – to the same subjects. Comparing the two sets of scores by means of a correlation coefficient gives the degree of this type of reliability of the instrument. Since a different instrument is used on the second occasion, the possibility of the memory effect problem is eliminated.

**Split-half reliability.** To obtain a measure of this type of reliability, the items that make up the instrument are divided in two, forming two separate instruments. To divide the items, three methods are commonly used (Bless & Higson-Smith, 2000:25) as outlined hereunder.

- The even-numbered items form the one instrument and odd-numbered items the other.
- The items are randomly assigned to the two instruments.
- The first half of the items form the one instrument and the second half the other.

**Internal reliability.** This type of reliability is also called internal consistency. When a number of items are formulated to measure a certain construct, there should be a high degree of similarity among them since they are supposed to measure one common construct. A measure of this degree of similarity is an indication of the internal consistency or reliability of the instrument.

### 3.4 PILOT STUDY

According to De Vos (2000:178) a pilot study is a smaller-version of a larger study that is conducted on a trial basis to determine the potential of a larger and more in-depth survey of

the same subject matter. Welman (2005:33) says a pilot study is a trail run of a study which should be conducted on a smaller sample than to be used in the final version of the study. Neil (2007:31) maintains that it is necessary to pre-test the questionnaire before it is used in the full scale survey in order to identify mistakes that need correcting. Small-scale piloting is essential and involves getting a few individuals to work through the questionnaire with the researcher in order to identify misinterpretation of questions and instructions.

For the pilot study in this research project the researcher selected educators from the target population not included in the research sample. The pilot study enabled the researcher to improve the questionnaire concerning the following aspects (Saville, 2008:43; Hannan, 2007:22):

- The refining of the wording of questions to eliminate possible misinterpretations.
- The reformulation of instructions that was misinterpreted.
- Establishing the approximate time required to complete the questionnaire.
- A check of the planned statistical and analytical procedures thus allowing an appraisal of their adequacy in treating the final data.

### **3.5 ADMINISTRATION OF THE QUESTIONNAIRE**

If properly administered the questionnaire is the best available instrument for obtaining information from widespread sources or large groups simultaneously (Maree, 2007:23). The researcher was able to personally deliver questionnaires to schools from which the members of the research sample were randomly selected. In line with Maree's (2007:32) suggestion, the researcher set a clear deadline in a friendly and businesslike tone so that the respondents could have ample time to complete the questionnaires for collection by the researcher. This method of administration facilitated the process and the response rate. A satisfactory return rate of 83% was obtained as 100 from 120 questionnaires were correctly completed and collected.

### **3.6 PROCESSING OF DATA**

Once data was collected it had to be captured in a format which would permit analysis and interpretation. This involved the careful coding of the 100 correctly completed questionnaires.

#### **3.6.1 Descriptive statistics**

Descriptive statistics serve to describe and summarise responses (Hofstee, 2006:44). For the purpose of this study the responses were summarised in frequency tables. A frequency distribution is a method to organise data obtained from questionnaires to simplify analysis by providing the following information (Cohen, Manion & Morrison, 2003:57):

- A frequency table indicates how many times a particular response appears on the completed questionnaires.
- It provides percentages that reflect the number of responses to a certain question in relation to the total number of responses.

#### **3.6.2 Application of the data**

The questionnaire was designed to determine the effect of pregnancy on the education of a schoolgirl. In order to obtain the information needed for the purpose of this study the questionnaire was subdivided into three parts:

- Section one required the biographical information of the respondents and consists of questions 1 to 7.
- Section two focused on possible reasons why schoolgirls fall pregnant.
- Section three contained statements concerning educational problems faced by pregnant schoolgirls.

### **3.6 SUMMARY**

In this chapter the planning and design of the empirical research was discussed and a comprehensive description of the questionnaire as a research instrument was given. The data obtained from the completed questionnaires will be analysed and presented in the next chapter.

## **CHAPTER 4**

### **PRESENTATION AND ANALYSIS OF THE DATA**

#### **4.1 INTRODUCTION**

In this chapter the data which was collected from the completed questionnaires will be analysed, interpreted and some comments will be presented. The data comprises the biographical information of the respondents (high school educators) and their perceptions of the reasons for schoolgirl pregnancy and its effect on the girl's education. From 120 questionnaires distributed to the respondents one hundred (100) were correctly completed by the respondents.

#### **4.2 DESCRIPTIVE STATISTICS**

Descriptive research is one of the methods of research used to study the child scientifically in the education situation (Dale, 2006:17). According to Anderson, Berdie and Niebuhr (2002:59) the descriptive method in research seeks to describe the situation as it is, thus there is no intervention on the part of the researcher and therefore no control. In the education situation descriptive research generally seeks to describe the natural process of development of the child in settings such as the family and the school and his relationship with parents, educators and peers, and to interpret the given facts. Mays and Pope (2000:42) state that the purpose of research is to gain insight into a situation, phenomenon, community or person. Cohen, Manion and Morrison (2001:55) maintain that descriptive studies do not set out with the idea of testing hypotheses about relationships, but want to find the distribution of variables.

In this study nomothetic descriptive research was employed with the aim of describing the educators' perceptions pertaining to the effect pregnancy has on a schoolgirl's education. The researcher was primarily concerned with the nature and degree of existing situations in schools. Descriptive research includes the gathering of data through interviews, observations and questionnaires. The questionnaire was the research instrument selected for this investigation and the reasons for this choice will be explained in this chapter.

#### 4.2.1 Gender of respondents

Table 1: Frequency distribution according to the gender of respondents

Gender		Frequency	Percentage
1	Male	35	35%
2	Female	65	65%
<b>TOTAL</b>		<b>100</b>	<b>100%</b>

Table 1 shows that 30% more females than males formed part of the random selected research sample. This frequency distribution of the gender of the participants in the research sample can be substantiated by the following:

- The statistical data of the Department of Education shows that the majority (70%) of the teaching staff in schools are females (DoE, 2002:14).
- Females view teaching as a half-day work that affords them time in the afternoon to attend to their household chores (Duncan, 2011:9).

#### 4.2.2 Age of respondents

Table 2: Frequency distribution according to the age group of respondents

Age Group		Frequency	Percentage
1	20–25years	0	0%
2	26-30 years	10	10%
3	31-35 years	12	12%
4	36-40 years	18	18%
5	41-45 years	21	21%
6	46-50 years	15	15%
7	51-55 years	18	18%
8	56-60years	4	4%
9	61-65years	2	2%
<b>TOTAL</b>		<b>100</b>	<b>100%</b>



According to the frequency distribution in Table 2 the larger percentage (21%) of the respondents that partook in the research is in the age group 41-45 years. Table 2 also reveals that nearly forty percent (39%) of the respondents is 46 years or older while a fifth (20%) is 40 years or younger.

Younger educators are perceived to have more to offer in terms of time, energy and productivity (Lemmer, 2002:36). However, in their research Martelelo and Lam (2008:17) found that younger male educators may engage in illicit sexual relationships with adolescent schoolgirls.

#### 4.2.3 Qualifications of respondents

Table 3: Frequency distribution according to the qualifications of the respondents

Qualifications		Frequency	Percentage
1	Academic & professional (e.g. BA + FED)	30	30%
2	Professional only (e.g. HDE, STD)	70	70%
<b>TOTAL</b>		<b>100</b>	<b>100%</b>

Table 3 indicates that the smaller percentage (30%) of the respondents in the research sample possess academic and professional qualifications. According to Khangala (2008:23) the latter is by many seen as being better qualified for the teaching profession, especially at secondary school level.

The contents (curricula) of teaching diplomas and certificates are more practical than theoretically orientated courses and therefore more appropriate for teaching younger primary school children (Griessel, Louw & Swart, 1993:71). In order to teach effectively the educator has to develop himself to his highest potential, both professionally and academically (De Villiers, 2007:269).

#### 4.2.4 Years of service as an educator

Table 4: Frequency distribution according to the respondents' years of teaching experience

Completed years of service		Frequency	Percentage
1	1-5 years	15	15%
2	6-10 years	18	18%
3	11-15 years	30	30%
4	16-20 years	29	29%
5	21-25 years	5	5%
6	26-30 years	2	2%
7	more than 30 years	1	1%
<b>TOTAL</b>		<b>100</b>	<b>100%</b>

The larger percentage (30%) of the respondents in the research sample have between 11 and 15 years teaching experience and nearly the same percentage (29%) has between 16 and 20 years' experience. Teaching experience together with adequate training is required for the responsibilities and the demands imposed on educators (Crouch, 2003:31). The more experience and training an educator has, the more confidence and expertise he will have acquired to be an effective educator.

Chigona and Chetty (2008:11) say that a pregnant schoolgirl should be viewed as a learner with special educational needs which will require more from an educator. Educators, for example, must be willing to go through lessons missed and when the girl is staying home for delivery to provide her with work done in class as well as monitor and mark it (cf. 3.9). Experienced female educators with children of their own also have a better understanding of the situation of the pregnant schoolgirl (cf. 3.8)

#### 4.2.5 Post level of the respondents

Table 5: Frequency distribution according the respondents' post level.

Post level		Frequency	Percentage
1	Principal	3	3%
2	Deputy principal	7	7%
3	HOD	20	20%
4	Post level 1	70	70%
<b>TOTAL</b>		<b>100</b>	<b>100%</b>

The frequency distribution in table 5 shows that 70% of the respondents in the research sample are post level one educators. This finding is in accordance with the staff composition of schools which consists mainly of level one educators while management posts form the minority of staff (DoE, 2002:14).

#### 4.2.6 Type of post held by respondents

Table 6: Frequency distribution according to the type of post held by the respondents

Type of post		Frequency	Percentage
1	Permanent	97	97%
2	Temporary	3	3%
3	Governing body	0	0%
<b>TOTAL</b>		<b>100</b>	<b>100%</b>

The majority (97%) of respondents that partook in the research are on the permanent staff (Table 6). This high percentage can be seen as a favourable situation in a school as it ensures stability in the school (De Villiers, 2007:270).

Being a member of the permanent staff also includes benefits like a housing subsidy, contributions to a pension fund and membership to a subsidised medical aid.

#### 4.2.7 Area of schools

Table 7: Frequency distribution according to the areas in which the schools are situated.

Area		Frequency	Percentage
1	Urban area	8	8%
2	Semi-urban area	30	30%
3	Rural area	62	62%
<b>TOTAL</b>		<b>100</b>	<b>100%</b>

Table 7 shows that most of the schools included in the research sample are situated in rural areas. The Pietermaritzburg district from which the schools were selected is situated in the KwaZulu-Natal Midlands which comprises of large rural areas.

#### 4.2.8 Reasons for schoolgirls' pregnancies

Table 6: Frequency distribution according to the reasons for schoolgirl pregnancy

		Agree	Disagree	Uncertain	TOTAL
	<b>Possible reasons for pregnancy are:</b>				
2.1	Lack of knowledge about sexuality (e.g. incorrect information obtained from peers/ friends and media)	65%	30%	5%	100%
2.2	Peer pressure (e.g. engaging in sexual activities to be accepted / conform)	90%	7%	3%	100%
2.3	To become independent (e.g. by having a baby adult status is attained)	21%	64%	15%	100%
2.4	Examples portrayed by the media (e.g. sexual conduct of movie / soapie stars on TV)	93%	6%	1%	100%
2.5	Early menarche (e.g. onset of menarche at younger age increases the risk of pregnancy)	67%	23%	10%	100%
2.6	Beliefs about fertility (e.g. falling pregnant proves fertility prior to a marriage)	44%	53%	3%	100%
2.7	Contraceptive use (e.g. availability, information and correct use)	83%	14%	3%	100%
2.8	Low socioeconomic status (e.g. poverty and unemployment)	86%	8%	6%	100%
2.9	Risk-taking behaviour (e.g. drug use promotes irresponsible sex activities)	94%	2%	6%	100%
2.10	Role models (single mothers with successful careers)	73%	25%	2%	100%

##### Knowledge about sexuality (2.1)

Most off the respondents (65%) in the research sample agreed that because schoolgirls lack adequate knowledge about sexuality they fall pregnant. According to Bezuidenhout (2004:34) sexuality issues are the topics least discussed by members of a family. Schoolgirls in the adolescent stage who experience physiological and emotional changes, often find it difficult to discuss these experiences with their mothers or older sisters. In need of information, they turn to their peers for guidance or seek information from books, magazine articles, the internet and the like (Sapire, 1999:34). However, not all the information obtained from these sources is correct which may be a reason for unwanted pregnancies (cf. 2.2.1).

The main problem identified concerning knowledge about sexuality in the study conducted by Makola (2004:28) was sexuality education in schools. It was found that sexuality education was not compulsory during the training of educators which resulted in many educators not having the appropriate skills to effectively teach such a sensitive subject. It was also established that some educators are not comfortable or embarrassed to teach sexuality subjects.

Nearly a third (30%) of the respondents disagreed with the statement which means that they do not view ignorance as one of the reasons for pregnancy amongst schoolgirls. This might be an indication that the schoolgirls have acquired proper sexual knowledge from parents, health workers, teachers, priests or the mass media but had other reasons for falling pregnant (Kanku & Mash, 2010:564; cf. 2.2).

### **Peer pressure (2.2)**

Ninety percent (80%) of the respondents that partook in the research believed that peer pressure plays a significant role in schoolgirl pregnancy. According to Kaplan (2004:66) during the adolescent years peer groups seem to control areas such as dress style, music taste, recreation activities, dating customs and sexual practices. Channing-Peace and Saville (2006:3) confirms that peer group pressure can be very strong as well as the desire to conform to be accepted. Ayer (2000:31) maintains that the peer group influence can be direct when peers exert pressure on the schoolgirls' sexual activities or indirect when the teenagers need to imitate certain forms of behaviour, for example that portrayed by the media (cf. 2.2.1).

### **Independence (2.3)**

More than sixty percent (64%) of the respondents in the research sample disagreed that in order to become independent the schoolgirl becomes pregnant. This result is contrary to most research that found that by falling pregnant the adolescent schoolgirl perceives herself as an adult and thus independent concerning physical and sexual aspects (Bolton, 2003:41). These respondents might see a pregnant schoolgirl as still dependent as she still needs financial support to complete her education and care for the baby as well as someone to look after the baby during school time (cf. 2.2.3). Jewkes (2007:3) sees the pregnant schoolgirl as becoming more dependent because she lacks adequate education to secure continues to rely on relatives in caring for the baby.

The twenty one percent (21%) of the respondents that agreed with the statement possibly share the view of most researchers, namely, that the adolescent schoolgirl strives for independence in making her own decisions about her behaviour and actions and wants to judge for herself about her sexual activities (Cunnigham & Boulton, 2007:19). By falling pregnant the teenage schoolgirl perceives herself as independent concerning physical and sexual aspects and that she has attained adult status (2.2.3)

#### **Media (2.4)**

More than a ninety percent (93%) of the participants in the research said that the media plays an important role in schoolgirl pregnancy. This high percentage of respondents that agreed confirm the findings of various researchers, namely, that films, internet websites, some periodicals and television programmes containing sexual content, as well as music with sexual messages influence teenagers to engage in sexual activities without having the necessary level of physical and emotional and psychological maturation (Makola 2004:27).

Bezuidenhout (2004:35) claims that “together peer pressure and the influence of mass media are powerful triggers in encouraging teenagers to indulge in illicit sexual activities” (cf. 2.2.4). Rickel (2001:39) says the media contributes to sexual acts amongst teenagers because of all the explicit sexual acts they view on television and movies. As a result of this exposure teenagers engage in sexual activities as it looks easy, funny and glamorous without thinking about the consequences.

#### **Early menarche (2.5)**

More than two thirds (67%) of the respondents in the research sample agreed that early menarche can be a reason for schoolgirl pregnancy. Recent research by (Buga *et al.*, 2006) indicates that the age of menarche is decreasing (cf 2.2.5). The implication of this is that sexual activity is likely to begin at an earlier age, with the risk of pregnancy amongst schoolgirls still in primary school. In an article in The Mercury newspaper, Mkamba and Moolla (2012:3) refer to statistics from the KwaZulu-Natal department of education that revealed that in 2010-2011 the number of primary school girls that fell pregnant was 508. The seven Grade 3 pregnant girls range in age from eight to 11 years, 19 girls were in Grade 4, 40 in Grade 5, 129 in in Grade 6 and 313 in Grade 7. Bezuidenhout (2008; 36) maintains that early

menarche together with lack of knowledge about reproductive health plays a role in primary schoolgirl pregnancies

More than a fifth (23%) of the respondents does not view early menarche as a risk of schoolgirl pregnancy. Oni *et al.* (2005:55) give the mean age for semenarche and menarche as 15 years and 14 years respective. However, adequate knowledge of reproductive biology, early sexual relations and information on the access to contraceptive methods can prevent pregnancy amongst young teenagers (PNG, 2007:2). These respondents may lack knowledge about the onset of menarche and thus the ability to make an informed decision and the perception that girls are not sexually active at a young age, especially girls in primary school (Nash, 2002:154).

### **Beliefs about fertility (2.6)**

The larger percentage (53%) of the participants in the research said that beliefs about fertility do not contribute to pregnancy amongst schoolgirls. This result is in accordance with the finding of Bhana *et al.* (2008:81) that there are a large number of adolescents who place a higher value on education and future economic success, than to prove their fertility at a young age. These respondents might be of the view that only older teenage girls, and not schoolgirls, may feel the need to prove that they are able to have children before marriage (Marston & King, 2006:1582).

In their research Preston-Whyte and Zondi (2002:12) found that most of their respondents (teenage mothers) are of the opinion that it was important to them to prove their fertility by falling pregnant outside of marriage. More than forty percent (44%) of the respondents acknowledged that girls become pregnant before they marry to prove their fertility (cf 2.2.6)

### **Contraceptive use (2.7)**

More than eighty percent (83%) of the respondents that partook in the research believed that the use of contraceptives is a reason for schoolgirl pregnancy. The concept “contraceptive use” includes, *inter alia*, the following (cf. 2.2.7):

- Availability and access to contraceptives.
- Lack of knowledge that result in ineffective or non-use of contraceptives.



- Negative perceptions about contraceptives.
- Health workers' reluctance to provide young teenagers contraceptives.

According to Zelnick and Kramer (2005:233) the sexual début of most teenagers is unexpected, unplanned and usually unprotected. Research by the MRC (2009:9) established that there is a great deal of disinformation about sex and the use of contraceptives amongst teenagers.

More than ten percent (14%) of the respondents did not see the use of contraceptives as a contributory factor to schoolgirl pregnancy because they are possibly aware that there is enough sources of information on contraception and places to obtain contraceptives. According to Wood and Jewkes (2006:3) access to simple, accurate and desired information about the availability of contraceptives and the use thereof can prevent a schoolgirl to fall pregnant.

### **Low socioeconomic status (2.8)**

The majority of respondents (86%) in the research sample agreed that a low socioeconomic status is a possible reason for schoolgirl pregnancy. Low socioeconomic status is characterised by poverty which means people living without or with the minimum basic daily needs such as proper housing, food and clothes (Hughes, 2002:21). These conditions provide significant incentives for and pressure on teenagers (schoolgirls) to fall pregnant (cf. 2.2.8).

Kanku and Mash (2010:566) reported the following findings from their research in a poor socioeconomic environment:

- Child support grants were seen as a means of increasing the household income and thus as reason for a girl to contribute by having a baby.
- Schoolgirls also saw the grant as a way to have money for clothes or cell phones.
- Teenage girls get involved with older working men and if the relationship included a child they believed that the likelihood of on-going financial support was possible.

### **Risk-taking behaviour (2.9)**

The data revealed that the majority of respondents (94%) in the research sample indicated that risk-taking behaviour may result in teenage pregnancy. Hafford in Bezuidenhout (2008:34) explains that alcohol and drugs affect the human body through depressant and general arousal, decrease inhibitions and causes young girls becoming promiscuous. Drugs affects the nervous system by numbing the part of the brain that controls a person's behaviour in such a way that behavioural changes lead to risk-taking with respect to sexual encounters.

According to Gouws and Kruger (1994:84) adolescents are natural risk-takers and they like to experiment and test their own limits and those of other people as part of learning to manage their own decisions. However, because their experience is limited their decisions are not always correct and their judgement faulty concerning getting involved in sexual activities (cf. 2.2.9).

### **Role models (2.10)**

Nearly three quarters (73%) of the participants in the research agreed that role models play a role in schoolgirl pregnancy. Preston-Whyte and Allen (2002:51) maintain that teenagers are exposed to role models in the media and their immediate society who are respected, and are single mothers. This observation gives adolescents (teenagers) the perception that it is possible to achieve success in life even if one falls pregnant while young and still at school (cf. 2.2.10)

However a quarter (25%) of the respondents did not agree with the statement that role models play a role in schoolgirl pregnancy. To these respondents the following factors may play a more important role in schoolgirl pregnancy (Vundula, et al., 2001:74): poor socio-economic conditions; the child support grant, to pleas a boyfriend, lack of understanding of reproductive health and contraception and coercion to have sex.

#### 4.2.9 Problems experienced by pregnant girls in school

Table 9: Frequency distribution according to the problems a pregnant girl experiences in school

		Agree	Disagree	Uncertain	TOTAL
	<b>Pregnant schoolgirls experience the following problems in their schooling</b>				
3.1	They are often absent from school (e.g. to visit clinic, doctor or not feeling well)	92%	6%	2%	100%
3.2	Poor performance in schoolwork (e.g. homework not done, absent for tests / assessments)	88%	6%	6%	100%
3.3	Discrimination by educators (e.g. ignored and belittled in class)	44%	53%	3%	100%
3.4	Discrimination by learners (e.g. learners avoid them and call them names)	75%	20%	5%	100%
3.5	Drop out of school (e.g. must leave school to take care of the baby)	66%	32%	2%	100%
3.6	Repetition of grades (e.g. has to repeat a grade because of absenteeism and failure in exams)	93%	4%	3%	100%
3.7	Negative attitude of educators (e.g. educators feel they cannot cope with schoolwork; have disruptive influence in class)	90%	8%	2%	100%
3.8	Misunderstanding from educators (e.g. expected to perform and behave like other learners)	80%	16%	4%	100%
3.9	Lack of support from educators (e.g. refusal of extension for submission of assignment).	70%	22%	8%	100%
3.10	An obscured future perspective (e.g. lack of proper education and thus limited or no job opportunities)	89%	9%	2%	100%

##### Absenteeism (3.1)

More than ninety percent (92%) of the respondents in the research sample agreed that pregnant schoolgirls are frequently absent from school. School is missed in order to visit the clinic or doctor, when not feeling well and for the birth of the baby (cf. 2.3.2). In her research Beesham (2000:39) found that during their pregnancy schoolgirls were often absent because they felt sick (nauseous or tired) or had to go to the clinic, while in the later stages of their pregnancy, before delivery, most girls stop attending school. Most of the pregnant schoolgirls

interviewed by Chigona and Chetty (2007:11) said that they do not attend school or all their classes regularly because of not feeling well.

### **Schoolwork (3.2)**

Close to ninety percent (88%) of the respondents who participated in the research agreed that pregnant schoolgirls perform poorly in schoolwork. This is due to a variety of reasons such as assignments / homework not being done, being absent for tests, or falling behind with school work due to being absent for a long period from school (cf. 2.3.3). Nash's (2002:153) investigation into schoolgirl pregnancy confirms a decline in their academic achievement because they are unable to be fully committed to the academic demands of school. Chigona and Chetty (2007:11) see schoolgirl pregnancy as a barrier to the girl's education because:

- the pregnancy makes her feeling tired and ill;
- frequent absenteeism;
- she is concerned about the baby's birth; and
- she worries about care for the baby.

### **Discrimination (3.3; 3.4)**

The Oxford Dictionary (2005:49) defines discrimination as the "unjust prejudicial treatment of different categories of people or things". According to Mamhute (2011:31) discrimination in the school situation means treating a learner less favourably than other learners are treated. More than half (53%) of the participants in the research disagreed with the statement that educators discriminate against pregnant schoolgirls (3.2) while 20% disagreed that learners discriminate against them (3.4).

However, most of the respondents agreed that learners discriminate against pregnant schoolgirls (3.4) while the smaller percentage (44%) indicated that educators discriminate against pregnant learners (3.3). According to Mwaba (2000:32) pregnant schoolgirls are sometimes marginalised by educators and alienated by their classmates. Changach (2012:3) says learners often feel uneasy associating with a pregnant girl in their class. Boys may attack a pregnant girl verbally by calling her humiliating names while girls dissociate themselves from her and exclude her from group activities (cf. 2.3.4). Discriminatory actions

by educators against pregnant schoolgirls include barring her from school excursions and functions and not allowing her to catch up on lost schoolwork (Hosie, 2002:19).

### **School dropout (3.5)**

Two-thirds (66%) of the respondents in the research sample acknowledged that pregnant schoolgirls drop out of school. In her research Rangiah (2012:41) found that pregnancy could destroy the education prospects of a schoolgirl. Her investigation revealed that motherhood often causes her to lose out on her educational attainment because her main responsibility and focus is on the baby. Without support schoolgirl mothers are unable to cope with caring for a baby, attending school and doing their schoolwork well, and therefore drop out of school (Duncan, 2011:2). In most instances teenage mothers also do not have the financial resources to continue with their education while raising a child (cf. 2.3.5).

In their study about pregnancy-related dropout Grant and Hallman (2006:372) found that 74% of girls in secondary school dropped out of school at the time of pregnancy and only 29% returned to school. This finding is similar to the 32% of participants in this research that disagreed with that statement that pregnant schoolgirls drop out. A schoolgirl mother is only able to continue her education with sufficient support to care for the baby and financial (Richter, Norris & Ginsburg, 2006:124)

### **Repetition of grades (3.6)**

More than ninety percent (93%) of the respondents in the research sample indicated that pregnant schoolgirls have to repeat grades. Interviews conducted with pregnant and mother schoolgirls by Runhare (2010:73) revealed the following reasons for repetition of grades:

- Absenteeism.
- Examination failure.
- Inability to cope with motherhood and school work.
- Financial constraints.

According to Chigona and Chetty (2007:10) repetition of grades by schoolgirl mothers delay the completion of their school career, and if they succeed in reaching Grade 12 they often fail the final examination or pass with the minimum of marks required.

### **Attitudes of educators (3.7)**

The majority of respondent (90%) in the research sample indicated that educators have a negative attitude towards pregnant learners in their school. Research has shown that most educators were not keen in accommodating pregnant learners (Chigona & Chetty, 2008:10). Principals show reluctance in enrolling pregnant schoolgirls and educators are unenthusiastic to have them in the classes they teach (Duncan, 2011:2). The negative attitude of educators can mainly be contributed to the inability of pregnant learners to cope with academic demands and their disruptive influence in the classroom (cf. 2.3.6).

### **Understanding by educators (3.8)**

Eighty percent (80%) of the respondents in the research sample agreed that educators misunderstand pregnant schoolgirls. From interviews conducted with pregnant schoolgirls it emerged that they feel educators do not understand the challenges they face in their situation (Rangiah, 2012:15). Pregnant learners feel that educators put too much pressure on them to accomplish the same academic level than the other learners in their class (cf. 2.3.7)

However, a significant percentage (16%) of the respondents does not agree with the statement that educators misunderstand pregnant learners. The reasons for this finding may be that there are educators that have empathy with pregnant learners and are willing to support them, for example, assistance to catch up missed schoolwork, extension to submit work etc. (Dietrich, 2003:21).

### **Support (3.9)**

According to Mamhute( 2012:56) a pregnancy can only be enjoyed if there is sufficient support for the expecting mother, for instance if she can prepare for the baby with her family's support, especially her mother and the baby's father. For the pregnant schoolgirl it means also support with to complete her education and caring for the baby. However, the majority of respondents (70%) that partook in the research indicated that pregnant schoolgirls do not receive the support they need during their pregnancy (cf. 2.3.8).

Possible reasons for this lack of support to pregnant schoolgirls are (Rangiah, 2012:20; Rickel, 2009:26):

- One of the greatest barriers in supporting a pregnant schoolgirl is her fear and shame about admitting her pregnancy to educators during the early stage.
- A schoolgirl who becomes pregnant is also confused and worried about the response from educators and will thus not ask for help.

### **Future perspective (3.10)**

Close to ninety percent (89%) of the respondents that participate in the research said that the future outlook of most pregnant schoolgirls is bleak. Changach (2012:2) says while in school a pregnant girl performs poorly in examination, has to repeat one or even more grades and fails to finish her schooling in the prescribed time. After the birth of the baby the schoolgirl struggles to cope with both parental responsibilities and school work and is often forced to drop out of school. The consequences of the latter are inadequate educational qualifications to ensure good work prospects and thus a gloomy future concerning financial stability (Karra & Lee, 2012:35)

According to Oni *et al.* (2005:54) schoolgirl mothers mostly face an obscured future because the possibility of furthering their secondary school or tertiary studies, in order to qualify for good job opportunities, are often remote because of financial constraints and the responsibilities of motherhood (cf. 2.3.9). Schoolgirl pregnancy also affects the marriage prospects of young women. Research showed that teenage mothers are more likely to be single parents and if they do get married the divorce (separation) rate is very high (Panday *et al.*, 2009:27).

#### 4.2.8 Support to pregnant schoolgirls

Table 8: Frequency distribution according to support available for pregnant schoolgirls in school

		Agree	Disagree	Uncertain	TOTAL
	<b>In my school the following are available to support pregnant schoolgirls:</b>				
4.1	A department policy on schoolgirl pregnancy	98%	1%	1%	100%
4.2	A school policy relating to schoolgirl pregnancy	89%	8%	3%	100%
4.3	Pregnancy policies are correctly implemented	88%	7%	3%	100%
4.4	Workshops on sexuality education are regularly conducted for educators	72%	25%	3%	100%
4.5	A school nurse is available (e.g. to advise pregnant schoolgirls about pregnancy issues)	0%	100%	0%	100%
4.6	A school counsellor is available (e.g. help pregnant learners with emotional problems)	0%	100%	0%	100%
4.7	Contraception methods are explained to learners (e.g. the use of condoms)	90%	8%	2%	100%
4.8	Sexuality education is given to all the learners (e.g. use of contraceptives)	90%	8%	2%	100%
4.9	Special facilities for pregnant schoolgirls (e.g. to write exams)	90%	10%	0%	100%
4.10	Special support programmes for pregnant schoolgirls (e.g. nutritional food at school)	0%	100%	0%	100%

#### **Departmental policy on schoolgirl pregnancy (4.1)**

Nearly all the respondents (98%) in the research sample confirmed that a departmental policy on schoolgirl pregnancy is available at their school. The policy provides for the inclusion of pregnant learners in formal education and outlines the different responsibilities of school management, educators and parents in instituting intervention measures that aim to help enrol pregnant schoolgirls and schoolgirl mothers (DoE, 2007:17).



### **School policy relating to schoolgirl pregnancy (4.2)**

The majority of respondents (89%) that partook in the research indicated that a school policy relating to schoolgirl pregnancy is available at their schools. Such a school policy should be based on the departmental policy. It is the responsibility of the school to protect the educational rights of pregnant and parenting learners while providing an equitable, challenging and supportive learning environment ((Bhana *et al.* 2006;16)

### **Policies are correctly implemented (4.3)**

The effectiveness of a policy is limited by the extent to which it is correctly and consistently implemented. Principals, educators and learners must buy into the policy in order to reduce the risks that the pregnant girl will be turned away from the doors of learning (Bezuidenhout, 2008:41).

Nearly ninety percent (88%) of the respondents that participated in the research said that their schools do implement the pregnancy policies correctly. Principals and school governing bodies are accountable for all learners' rights to quality education, and this includes enrolled pregnant schoolgirls or learners who are parents (Chigona & Chetty, 2007:7). The correct implementation of pregnancy policies is vital to protect the rights of all learners. Allowing pregnant schoolgirls to remain in school and to return after giving birth is considered to be significant not only in delaying a second pregnancy but also offering teenage girls increased opportunities to complete their education and increase their economic standing (Grant & Hallman, 2006:375).

### **Workshops on sexuality education (4.4)**

Most of the respondents (72%) in the research sample said that workshops on sexuality education are conducted on a regular basis at their schools. Varga (2003:163) says the diversity of approaches to sexuality education in schools creates confusion for educators and lack of information about their role in the diversity of instruction in the area of sexuality education. Research by Panday *et al.* (2009:3) found that learners learn the most about sexuality from health workers (22%), schools (17%), parents (15%) and friends (9%).

#### **School nurse (4.5)**

All the respondents (100%) that partook in the research indicated that a school nurse is not available at their schools. A school nurse works in partnership with a school to create an environment that promotes healthy living, as well as responding to the needs of individual children including pregnant schoolgirls (Govender, 2007:4). Research has found that pregnant schoolgirls seem to benefit the most from programmes offered by persons who have been trained (e.g. a nurse) and have the authority to assist in sensitive areas around pregnancy (Madlala, 2008:11).

#### **School counsellor (4.6)**

Hundred percent (100%) of the respondents in the research sample said that they do not have a school counsellor available at school to assist pregnant learners. An adequately trained school counsellor can assist a pregnant schoolgirl with, *inter alia*, the following (Panday *et al.*, 2009:55-56):

- The stigmatisation suffered by pregnant schoolgirls.
- Discrimination from society, educators and learners against a pregnant schoolgirl.
- Rejection by parents and other family members.
- Child care arrangements.
- Access to health services and child support grants.
- Parenting skills.
- Strategies to cope with motherhood and schoolwork.

#### **Contraception (4.7)**

Ninety percent (90%) of the respondents that participated in the research indicated that contraception is explained to learners at their schools. According to Marteleto and Lam (2008:355) schoolgirls seem to have sufficient knowledge about contraception although gaps

exist in the accuracy of their knowledge or skill regarding the correct use of contraception (cf. 2.2.7).

#### **Sexuality education (4.8)**

According to the majority of respondents (90%) sexuality education is given to all learners in school. Life skills programmes introduced in schools in response to the HIV / AIDS epidemic in the 1990s have the potential to influence the trajectory of schoolgirl pregnancy (Ross, 2008:5). However, according Panday *et al.* (2009:46) although the programmes showed positive effects about knowledge and communication about sexuality, they had little or no effect on the sexual behaviour of learners. The limited effects of these programmes may be due to the following (Nash, 2002:151):

- Programmes are not fully implemented in schools.
- Educators' attitudes, skills and preparedness to teach about sex.
- Educators lack of adequate and accurate knowledge.
- Educators are not familiar with the non-didactic methods of sexuality education.
- Educators are not comfortable in teaching areas of the curriculum (e.g. safe sex practices) that are in conflict with their own value system.

#### **Special facilities for pregnant schoolgirls (4.9)**

The majority of the respondents (90%) agreed that special facilities for pregnant schoolgirls are available at their schools. These facilities may include a basic first aid kit, blankets and a rest room which may assist a pregnant schoolgirl that goes in labour at school. Schools also make provision for pregnant schoolgirls to write final exams separately from other learners.

#### **Special support for pregnant schoolgirls (4.10)**

All the respondents (100%) in the research sample said that no special support programmes for pregnant schoolgirls are available at their school. According to Dietrich (2003:44) the main support to be rendered to a pregnant schoolgirl should focus on the barriers to learning she

experiences. These include catch-up programmes with respect to the academic curriculum and in particular, remedial education.

### **4.3 SUMMARY**

In this chapter the researcher's aim was to give some order to the range of information provided by the respondents in their answers to the questions in the questionnaire. Some of the collected data were of a demographic nature, which enabled the researcher to construct a broad profile of the sample of the investigation. The data collected that dealt with educators' perceptions of the reasons for schoolgirl pregnancy and the effect of pregnancy on the schoolgirl's education were organised in frequency tables to simplify the statistical analysis thereof.

The last chapter of the study will consist of a summary of the literature study and empirical investigation with findings from both on which certain recommendations will be made.

## **CHAPTER 5**

### **SUMMARY, FINDINGS, AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

In this final chapter a summary of the previous chapters will be given and some of the most important findings from the research will be provided. This will be followed by recommendations and a final remark.

#### **5.2 SUMMARY**

##### **5.2.1 Statement of the problem**

In essence this study investigated the reasons for schoolgirl pregnancy and the effect of pregnancy on the schoolgirl's education. Despite the availability and variety of methods of contraception many adolescent schoolgirls become pregnant in South Africa. The main reason why schoolgirls fall pregnant is having sex without any protection. There are various reasons why adolescent schoolgirls do not use any method of contraception, namely, not expecting to have intercourse and did not prepare for it, they prefer not to use protection, lack of knowledge about contraception and reproductive health, no access to contraceptives, embarrassment to get contraceptives or fear that their parents will find out they are sexually active.

Becoming pregnant and being a schoolgirl mother poses risks for educational success. This situation often disrupts or ends schooling and the leap from school to tertiary education or employment. Absenteeism, poor academic performance, repetition of grades and dropout are results of schoolgirl pregnancy with consequences like poor job opportunities, increased dependency and poverty.

### 5.2.2 Literature review

In a time of improved and widely available methods of contraception, school-based sexuality education and intervention strategies by the government, the rate of schoolgirl pregnancy still remains alarmingly high. The primary reason for schoolgirl pregnancy is that they use no method of contraception or they use it incorrectly. Research has found that although most schoolgirls (adolescents) have sufficient knowledge about contraceptive methods, gaps often exist in the accuracy of their knowledge or skill regarding the correct use of contraception. The incorrect use of a contraceptive decreases its effectiveness and increases the chances of becoming pregnant. Sexually active teenagers may not use any method of contraception because of negative perceptions about contraceptives or they have no access to contraceptives.

The family, especially parents, have an important impact on an adolescent's (schoolgirl's) belief, moral and values system and thus on their behaviour. Adolescents with parents who have permissive ideas about premarital sex or negative attitudes about contraception are more likely to have unprotected sex and become pregnant. Family members are also role models to their children and adolescents growing up are more likely to engage in sexual activities if their parents or other family members are promiscuous.

Teenagers (schoolgirls) often want to be independent before they are ready for it or are allowed early independence by non-caring parents. In order to prove their independence adolescent girls engage in irresponsible sexual activities because they see parenthood as being mature and independent. Adolescents (schoolgirls) who participate in one form of risk behaviour often also partake in other risk behaviours such as alcohol and drug use which increases the chances of unprotected sexual intercourse.

Another possible reason for adolescent (schoolgirl) pregnancy is that sex regularly happens because adolescents perceive that people of their age (peers) are sexually active. The peer group plays an important role during adolescence and schoolgirls often feel pressure from their peers to engage in sexual activities as a means to gain peer group respect. Books, magazines, films, videos, and the internet with explicit descriptions or scenes concerning sex are freely available.

Teenagers read about sex in magazines or watch programmes with sex scenes and as a result also engage in the observed sexual activities because they want to experiment and experience the enjoyment and good feelings as portrayed.

The impact of schoolgirl pregnancy on educational achievement and economic progress later in life remains negative. Schoolgirl mothers seem to have fewer years of education as compared to those girls who have their first child after completing their education. Despite the progressive legislation in South Africa that allow a schoolgirl to return to school after the birth of the baby research has found that only around a third actually re-enter the schooling system. However, accurate data is not available on the number of schoolgirl mothers who complete school

Motherhood can have a profound impact on a schoolgirl and her baby by placing limits on her educational career and economic stability and predisposing her to single parenthood and marital instability in the future. Consequences of schoolgirl pregnancy are frequent absenteeism, poor academic performance, school dropout and lower educational attainment. Without adequate education the labour force earnings of mothers who had an early teenage pregnancy are poor. Some families enable teenage mothers to return to school after the birth of the baby to protect their educational opportunities, but for those without family support, new motherhood responsibilities limit such possibility.

### **5.2.3 Planning of the research**

This study utilised a questionnaire constructed by the researcher as database. The questionnaire was aimed at educators in schools in the Pietermaritzburg district. The information sought for this investigation was not readily available from any other source and had to be acquired directly from the respondents (educators). When this situation exists, the most appropriate source of data is the questionnaire, as it is easily adapted to a variety of situations.

The aim of the questionnaire was to obtain information regarding educators' perceptions of the reasons for schoolgirl pregnancy and the effect it has on her education.

#### **5.2.4 Presentation and analysis of research of data**

The purpose of Chapter 4 was to discuss the data collected from the questionnaires correctly completed by 100 respondents (educators) and to offer comments and interpretations on the findings. At the outset, an explanation and description was provided as to the methods in the categorisation of the responses and the analysis of the data. Calculating the data in percentages, known as relative frequency distribution followed this. This was done in order to explain the presentation of data in that it specifies the proportion of the total number of cases which were observed for a particular question. The findings from the frequency distributions were analysed, interpreted and commented on.

#### **5.2.5 Aims of the study**

The researcher formulated specific aims (cf. 1.5) to determine the course of the study. These aims were realised through the literature study together with an empirical survey consisting of a self-structured questionnaire. On this basis certain findings are now given.

### **5.3 FINDINGS FROM THE RESEARCH**

#### **5.3.1 Findings from the literature review**

The following are some of the important findings from the literature study:

- Research has shown that lack of authentic knowledge about reproductive health is one of the major reasons for schoolgirl pregnancies (cf. 2.2.1).
- The peer group is not only a source of information on sexuality issues but they also create an environment in which peer pressure is exercised on the schoolgirl to get involved in sex because everyone does it and they do not want to feel left out (cf. 2.2.2).



- Sexuality information and pornographic material is freely available on media devices such as TV, internet, cell phones, books and magazines and contribute to schoolgirl pregnancies (cf. 2.2.4)
- Schoolgirl pregnancies are also caused by the lack of information and availability of contraceptives. Inadequate knowledge about contraception result in incorrect use and the result is often an unwanted pregnancy (cf. 2.2.7).
- A low socioeconomic status has been seen as one of the major contributors to schoolgirl pregnancies. Poverty compels a schoolgirl to engage in unprotected sexual activities to fall pregnant hoping to receive money from the father or child grant to improve her circumstances (cf. 2.2.8)
- Schoolgirls are exposed to role models who are successful and respected, and who often are single parents. This gives schoolgirls the message that it is possible to attain success in life even if one falls pregnant while she is still an adolescent (cf. 2.2.10).
- Pregnant schoolgirls are often absent from school, missing a lot of schoolwork with the result that they perform poorly in the school (cf. 2.3.2; 2.3.3)
- Educators often discriminate against a pregnant schoolgirl by treating her less favourably, for example, when they refuse to allow her to catch up lost schoolwork. Pregnant schoolgirls are also openly discriminated against by fellow learners in calling humiliating names or exclude them from group activities (cf. 2.3.4).
- Research has found that 70% of pregnant school girls drop out of school (cf. 2.3.5)

### **5.3.2 Findings from the empirical study**

The following represent some of the most significant findings from the empirical study:

- A large percentage of the respondents (90%) said that peer pressure plays an important role in schoolgirl pregnancy (cf. 2.2).

- More than ninety percent (93%) of the respondents that participated in the research indicated that sexuality portrayed by the media as a reason for schoolgirl pregnancy (cf. 2.4).
- The majority of the respondents (83%) in the research sample confirmed that the availability, information and correct use of contraceptives cause schoolgirl pregnancy (2.7).
- More than eighty percent (86%) of the participants acknowledged that a low socioeconomic status is a reason why schoolgirl fall pregnant (cf. 2.8).
- The majority of the respondents (94%) that partook in the research said that risk-taking behaviour by schoolgirls results in mistakes which include pregnancy (2.9).
- More than ninety percent (92%) of the participants in the research acknowledged that pregnant schoolgirls are frequently absent from school (cf. 3.1)
- The majority of the respondents (88%) who participated in the study agreed that pregnant schoolgirls perform poorly in schoolwork (cf. 3.2).
- Most of the respondents (66%) confirmed that pregnant schoolgirls do drop out of school (cf. 3.5).
- A large percentage (93%) of the respondents said that pregnant schoolgirls have to repeat grades (cf. 3.6).
- Nearly ninety percent (89%) of the respondents confirmed that an obscured future perspective is experienced by pregnant schoolgirls due to a lack of proper education and limited job opportunities (3.10).

## 5.4 RECOMMENDATIONS

The recommendations are based on the findings of the research. It is imperative for policy makers, educators, parents, learners and the entire community to address the effect of pregnancy on the schoolgirl's education.

### 5.4.1 School-based sexuality education

#### (1) Motivation

High schools have a high enrolment rate of adolescents as the average age of entering is 13 - 14 years of age and 18 – 19 years on completion (cf. 1.4.2). Therefore, the high coverage of adolescents in the school setting provides an important access point for interventions in sexual and reproductive health (cf. 2.2.1). To offer sexuality education in schools can be embarrassing for some educators, even if they did obtain training in this respect. If educators cannot do it themselves they should arrange for other professionals to visit the school on a regular basis and educate the children from a very young age (cf. 2.2.5).

Inadequate sexuality education and information on sex can give rise to irresponsible teenage experimentation with sex (cf. 2.2.2). Despite a more liberal sexual disposition, sexuality issues remain a delicate and contentious subject which people find difficult to discuss openly. Parents generally find it difficult to speak openly to their children and teaching authorities often shy away from sexuality education.

An effective sexuality education programme at schools can delay the initiation of sex, reduce the frequency of sex and number of partners and increase contraceptive use and risky sexual behaviour (2.2.7). The best sexuality education programme for teenage (schoolgirl) pregnancy requires sober reflection on the complexity of the problem and should focus on prevention and second chance programmes for schoolgirl pregnancy (Panday *et al.*, 2009:44)

## (2) Recommendations

The recommendations are that:

- ◆ The curriculum for school-based sexuality education should, *inter alia*, include the following:
  - Information on reproductive health problems such as Sexually Transmitted Infections (STIs), HIV / AIDS and the health risks of teenage (learner) pregnancy.
  - Advice about the different contraceptive methods that are available and knowledge about the correct use thereof.
  - Intervention procedures that focus on the risky sexual behaviour of adolescent learners, the situations that lead to them and how to avoid them.
- ◆ For the effective implementation of the curriculum the Department of Education should:
  - Secure support from health departments and appropriate community organisations.
  - Select educators with desired characteristics and train them.
  - Provide monitoring, supervision and support.
- ◆ The Department of Education should facilitate:
  - Training of school management teams in methods to deal with schoolgirl pregnancy.
  - Workshops to school governing bodies on how to deal with schoolgirl pregnancies.
  - The establishment of schoolgirl clubs and learner representative councils where the issues relating to schoolgirl pregnancies can be discussed.

- Partnerships with NGOs in programmes to prevent teenage pregnancies or assist pregnant teenage girls.

#### **5.4.2 School linked health clinics**

##### **(1) Motivation**

A school linked health clinic can either be available on the school premises or located close to the school or a number of schools. Schoolgirls should have access to reliable information and services concerning their reproductive health (cf. 2.2). Health clinics must provide information on contraception and pre- and postnatal care. Schoolgirls must be knowledgeable on methods of contraception (2.2.7). A variety of contraceptive methods are available and new ones become available as a result of medical progress and research. Choice and information serve as the cornerstones of women's (schoolgirls') health and their reproductive rights.

Providing contraceptives together with information thereof through school linked health clinics may prevent unwanted schoolgirl pregnancies (cf. 2.2.1). When information about sexuality issues is available from professionals at school linked health clinics the onset or frequency of sex decreases (Ross, 2008:5). Schoolgirls also feel freer to consult the personal at health clinics about contraceptives and obtain it from the clinic.

Evidence from the United States and United Kingdom about the effectiveness of school linked health clinics in decreasing schoolgirl pregnancies is mixed and often weak (PNG, 2007:19). However, studies done in developing countries, like Nigeria and Chile, reported an increase in condom use and a decrease in schoolgirl pregnancies as well as sexually transmitted diseases (Panday *et al.*, 2009:47)

##### **(2) Recommendations**

The recommendations are as follows:

- That the government in collaboration with education departments and the community should establish health clinics that are linked to schools.

- Health clinics must be easily accessible to the school community. It should be on the school premises, close to the schools or transport should be provided if it is not within easy reach of the learners.
- Only well-trained staff should be employed in clinics. High quality care must be provided in order to ensure success and to maintain the health and satisfaction of clients.
- Social workers should be available at the clinics to support pregnant schoolgirls, schoolgirl mothers and their babies.

### **5.4.3 Further research**

#### **(1) Motivation**

The study covered only black pregnant schoolgirl in mainly rural areas. The possibility exists that the effect of pregnancy on schoolgirls from other cultural groups and other areas may be different. The study also focused on secondary schools only while the effect of pregnancy on primary schoolgirls may yield different results.

#### **(2) Recommendation**

The recommendation is that further research of a quantitative and qualitative nature must be undertaken in schools situated in different areas. Different race groups should be included in further research. Research should also be done in primary schools.

## **5.5 CRITICISM**

The criticisms that emanate from this investigation are as follows:

- Only one district, the Umgungundlovu District in the Pietermaritzburg Region was targeted for this investigation. If the investigation included a wider area, the results may have been different.

- The research sample was restricted to educators only. A broader perspective could have been shown if parents and learners were included.
- Not all questionnaires were returned. If all questionnaires (120) were returned a different picture might have emerged.
- It can be presumed that some of the respondents in the research sample formed their perceptions of the effect of pregnancy on the schoolgirl's education from other sources, for example, TV programmes, research reports and articles in magazines or newspapers.

## **5.6 FINAL REMARK**

The purpose of this study was to investigate the effect of pregnancy on a schoolgirl's education. The researcher hopes that the findings from the research will give principals, educators and parents a better insight into the educational problems caused by schoolgirl pregnancy. It is envisaged that the information from this research will be of value to the stakeholders in education.

## LIST OF SOURCES

Anderson J F, Berdie R & Niebuhr M A 2002. *Questionnaires: design and use*. London: Metuchen.

Ayer E H 2000. *It's okay to say no*. New York: Macmillan Publishing.

Beesham N 2000. *The life-world of the schoolgirl-mother*. KwaDlangezwa: University of Zululand. (M.Ed.-dissertation)

Beins B 2003. *Research methods*. New York: McMillan.

Bezuidenhout FJ 2004. *A reader on selected social issues*. Pretoria: Van Schaik.

Bezuidenhout F J 2008. *Teenage pregnancy*. Pretoria: Van Schaik.

Bhana D, Morrell R, Epstein D & Moletsane R 2006. The hidden work of caring teachers and the maturing AIDS epidemic in diverse secondary schools in Durban. *Journal of Education*, 38: 1-23.

Bhana D, Clowes L, Morrell R & Shefer T 2008. Pregnant girls and young parents in South African schools. . *Agenda*, 76: 78-89.

Bhana D, Morrell R, Shefer T & Ngabaza S 2010. South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, Health & Sexuality*, 12(8): 871-883.

Bless C & Higson-Smith W D 2000. *Fundamentals of social research methods: an African perspective*. Cape Town: Juta.

Bolton FG 2003. *The pregnant adolescent: problems of premature adulthood*. Beverly Hills: Sage.



- Buga G A B, Amoko D H A & Ncayiyana D J 2006. Sexual behaviour, contraceptive practice and reproductive health among school adolescents in rural Transkei. *South African Medical Journal*, 86:523-527.
- Burger S, Gouws E & Kruger, N 2000. *The adolescent*. Pretoria: Heinemann.
- Canavan M C 2007. Teenage pregnancies under the spotlight. *The Star*, 2 May 2007:1.
- Changach J K 2012. Impact of teenage pregnancy on the education of the girl-child, a case study. *International Journal of Social Science Tomorrow*, 1(1): 1-7.
- Channing-Peace S M & Solomon L 2001. Pubertal development in black and white Johannesburg girls. *South African Medical Journal*, 71:22-24.
- Chigona A & Chetty R 2007. Girls' education in South Africa: special consideration to teen mothers as learners. *Journal of Education for International Development*, 3(1): 1-16.
- Chigona A & Chetty R 2008. Teen mothers and schooling: lacunae and challenges. *South African Journal of Education*, 28(2): 1-14.
- Chuenyane G 2008. School pregnancy. *City Press*, January 2008.
- Cohen L, Manion L & Morrison K 2001. *Research methods in education*. London: Blackwell.
- Crouch L 2003. *Teacher supply and demand in South Africa: current status, future needs and the impact of HIV/Aids*. Pretoria: Heineman.
- Cunningham P W & Boulton B. 2007. *Black teenage pregnancy in South Africa: some considerations*. Available at <http://findarticles.com/p/articles/mi>
- Devenish C, Funnell G & Greathead E 2004. *Responsible teenage sexuality*. Pretoria: Academica.

Dale D 2006. *Population sampling methods for research studies*. Available on <http://voices.yahoo.com/population-sampling-methods>.

De Villiers J J R 2007. South African teachers: expectations and experiences. *Journal of Educational Studies*, 4(1):267 – 272.

De Vos A S (ed.) 2000. *Research at grassroots: a primer for the caring profession*. Pretoria: Van Schaik.

Dhlaminl S 2009. Fate of pregnant pupils. *The Mirror*, 2 April 2009:3.

Dietrich C 2003. *The problems surrounding teenage pregnancies*. Cape Town: Heinemann.

DoE (Department of Education) 2002. *Towards effective school management*. Pretoria: Department of Education.

DoE (Department of Education) 2007. *Measures for the prevention and management of learner pregnancy*. Pretoria: Department of Education.

Domisse J 2007. Teenage pregnancy time bomb. *Mail & Guardian*, 13 March 2007:11-14.

Duncan A 2011. *Teenage parents and their educational attainment*. Available on <http://txcc.seedl.org/resources>

Du Toit S J & Kruger N 1994. *The child: an educational perspective*. Durban: Butterworths.

Ferguson M 2004. The truth about teenage sex. *True Love*, 3 February 2004:2-3.

Gouws E & Kruger N 1994. *The adolescent: an educational perspective*. Pretoria: Butterworth.

Govender P 2007. Maternity leave for pregnant schoolgirls. *The Times*, 3 March 2007:4.

Grant M & Hallman K 2006. Pregnancy-related school dropout and school performance in KwaZulu-Natal. *Studies in Family Planning*. 39(S):369-392.

Griessel G A J, Louw C J J & Swart C A 1993. *Principals of educative teaching*. Pretoria: Acacia.

Hannan A 2007. *Questionnaires in educational research*. Plymouth: University of Plymouth.

Hans B 2008. Pregnant at KwaPata. *Echo*, 13 March 2008:3.

Harrison R 2006. Teenage pregnancy. *South African Medical Journal*, 96(2):39-46.

Hofstee E 2006. *Constructing a good dissertation*. Johannesburg: Enterprise Printers.

Hosie A 2002. *Teenage pregnancy in young women of school age: an exploration of disengagement and re-engagement from the education system*. Newcastle: University of Newcastle.

Hughes T M S W. 2002. *Everything you need to know about teen pregnancy*. New York: The Rosen Publishing Company.

Jewkes R. 2007. Facts belie fiction of teenage pregnancy. *Sunday Independent*. Available on <http://www.sundayindependent.co.za>.

Kanku T & Mash R 2010. Attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy, sexuality and contraception in Taung. *South African Family Practice*, 52(6);563-572.

Kaplan P S 2004. *Adolescence*. Boston: Houghton: Mifflin.

Karra M & Lee M 2012. *Human capital consequences of teenage childbearing in South Africa*. Population Research Bureau. [www.prb.org](http://www.prb.org).

Khangala N 2008. *Education*. Pretoria: Vuk'uzenzel Publishers.

Khubisa M 2012 teenage pregnancy a crisis in KwaZulu-Natal. *The North Coast Courier*, 4 July 2012: 1-4.

Kimberly B S & Bilbrey P 2003 *Pregnant and parenting female students' perspectives of school experiences: a case study*. Texas: University Publishers.

Kruger C 2011 Derde van Suid-Afrika se kinders verloor hulle onskuld op 14. *rapport*, 28 Augustus 201:5.

KZN DoE (KwaZulu-Natal Department of Education). 2010. *My life my future campaign: fight against HIV / AIDS, learner pregnancy, substance abuse and social ills*. Pietermaritzburg: Department of Education.

Lemmer E 2002. *Contemporary education: global issues and trends*. Sandton: Heineman

Le Roux J (ed.) 1992. *Themes in sociopedagogics*. Pretoria: Van Schaik.

Lloyd C & Mensch B 2008. Marriage and childbirth as factors of school dropout: an analysis of data from sub-Saharan Africa. *Population Studies*, 62(1): 1-13.

Macleod C 1999. The causes of teenage pregnancy: review of South African research. *South African Journal of Psychology*, 29(1):8-16.

Madhaven S 2005 Childbearing and schooling: new evidence from south Africa. *Comparative Education Review*, 44(2):113 -147.

Madlala M 2008. Teaching about sex. *The Mirror*, 23 April 2008:11.

Mahjova C N 2002. *Secondary school learners' attitudes towards sexuality education*. KwaDlangezwa: University of Zululand (M.Ed.-dissertation)

Makola m P 2004. *Perceived consequences of teenage pregnancy*. Pretoria: Unisa (Med – dissertation)

Mamhute R 2011. *The educational challenges of pregnant and nursing adult learners: a case study of Morgenster teachers' college*. Stellenbosch: Stellenbosch University. (Med -dissertation)

Maphumulo S 2009. Pupil dies after giving birth. *The Star*, 13 February 2009:6.

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

Marston C & King E 2006. Factors that shape young people's sexual behaviour: a systematic review. *Lancet*, 368(9547); 1581-1586.

Marteleto L, Lam D & Ranchod V 2008. Sexual behaviour, pregnancy and schooling among young people in South Africa. *Journal of Family Planning*, 39(4) 351-362.

Masemola L 2008. Teenage pregnancy becomes a trend. *The Star*, 30 October 2008:6.

Mays N & Pope C 2006. *Qualitative research in health care*. London: Blackwell.

Mazibuko M 2008. Pregnancy blues. *The Sowetan*, 13 February 2008:2.

Mkamba L & Moolla Y 2012. Grade 3 pupils fall pregnant in KwaZulu-Natal. *The Mercury*, 27 June 2012: 2 -3.

Mngoma S 2008. How are schools to deal with pregnancies? *The Natal Witness*, 28 February 2008:18.

Mngoma S. 2010. The teen pregnancy epidemic. *The Natal Witness*, 26 May 2010:11

Motshekga A M 2009. *Foreword by the Minister of Basic Education*. Pretoria: Department of Education.

Mpanza N D 2006. *A study of educators' attitudes towards teenage pregnancy*. KwaDlangezwa: University of Zululand. (M.Ed.-dissertation)

Mpanza N D & Nzima d r 2101. Attitudes of educators towards teenage pregnancy. *Procedia Social and Behavioral Sciences*, 5(2010): 431 - 439.

MRC (Medical Research Council) 2009. *South African Youth Risk Behaviour Survey (YRBS)*. Pretoria: Department of Health.

Mtshali T 2007. Social grant not promoting teen pregnancies. *The Sunday Independent*, 18 January 2007:4.

Mwaba K 2000. Perceptions of teenage pregnancy among South African adolescents. *Health SA Gesondheid*, 5:30-34.

Mwamwenda T S 1995. *Educational psychology: an African perspective*. Durban: Butterworth.

Nash R 2002. Sex and schooling: sexual activity of young people and its implication for education. *Gender and Education*, 14(2):149-165.

Ndlovu S 2008. Pregnant pupils expelled. *The Mercury*, 8 May 2008:4.

Neil J 2007. *Summaries of tools, instruments and questionnaires for research intervention programmes*. London: Blackwell.

Newman L 2008. Teenage pregnancy no surprise. *The Mercury*, 9 May 2009:4.

Nkuna B 2008. Child grant used for booze. *The Cape Argus*, 29 September 2008:6.

Onganya G V & Ododa H O 2009. *Questionnaire as data collecting instrument*. Available on <http://onganya.blogspot.com>

Oni, T E, Prinsloo E A M, Nortje J D & Joubert G 2005. High school students' attitudes, practices and knowledge of contraception in Jozini, KwaZulu-Natal. *South African Family Practice*, 47(6): 54-57.

Oxford Dictionary 2005. *South African Concise Oxford Dictionary*. Cape Town: Oxford Publishers.

Panday S, Makiwane M, Ranchod C & Letsoalo T 2009. *Teenage pregnancy in South Africa with specific focus on school going learners*. HSRC: Pretoria.

PNG (Plus News Global) 2007. *South Africa: no easy way to lower teen pregnancies*. <http://www.plusnews.org>

Preston-Whyte E & Allen J 2002. *Teenage pregnancy in the coloured community*. Cape Town: Oxford University Press.

Ramalebana M E 1995. *Problems related to the learning situation of schoolgirl mothers in Venda secondary schools*. Pretoria: University of South Africa. (Unpublished M.Ed.-dissertation)

Rangiah J 2012. *The experiences of pregnant teenagers about their pregnancy*. Stellenbosch: Stellenbosch University. (MEd -dissertation)

Richter L M, Norris S A & Ginsburg C 2006. The silent truth about teenage pregnancies. *South African Medical Journal*, 96(2):122-124.

Rickel A U 2001. *Teen scene pregnancy*. New York: Wayland Publishers.

Rickel A U 2009. *Pregnancy and parenting*. New York: Hemisphere Publishing Corporation.

Ross K 2008. Rate of teenage pregnancy 'decreasing'. *Daily News*, 27 October 2008:5.

Rule S 2004. Rights or wrongs: public attitude towards moral values. *HSRC Review*, 2(3):4-5.

Runhare T 2020. *A comparative case study of institutional responses to mainstreaming of pregnant learners in formal education*. Pretoria: University of Pretoria. (DPhil – thesis)

SAPA (South African Publishing Association) 2008. Rape: 20% of sex assaults at school. *The Natal Witness*, 13 March 2008:1.

Sapire E K 1999. Teenagers need sex knowledge. *Executive Health*, July 1999:33-35.

Saville S 2006. Study finds teenage pregnancies 'fashionable'. *The Mercury*, 25 October 2006:3.

Saville B K 2008. *Guide to teaching research methods in psychology*. London: Blackwell.

Swartz S & Bhana D 2009. *Teenage Tata: experience of young fathers in impoverished communities in South Africa*. Cape Town: HSRC.

Van den Aardweg E M & Van den Aardweg E D 1990. *Dictionary of empirical education / educational psychology*. Pretoria: E & E Enterprises.

Van Rensburg C J J, Landman W A & Bodenstein H C A. 1994. *Basic concepts in education*. Halfway House: Orion.

Varga C A 2003. How gender roles influence sexual and reproductive health among South African adolescents. *Studies in Family Planning*, 34(3):160-172.

Vrey J D 1990. *The self-actualising educand*. Pretoria: Unisa.



Vundule C, Maforah F, Jewkes R & Jordan E 2001. Risk factors for teenage pregnancy among sexually active black adolescents in Cape Town: a case control study. *South African Medical Journal*, 91:73-80.

Wayne G 2001. *Research methodology: an introduction*. Cape Town: Juta.

Welman J C & Kruger S J 2001. *Research methodology for business and administrative science*. Cape Town: Oxford University Press.

Welman K M 2005. *Research methodology*. Cape Town: Oxford University Press.

Wikipedia 2012. *Adolescence*. Available on <http://en.wikipedia.org>

Wolhuter C C, Van der Merwe A, Vermeulen H J & Vos M S 2003. *Themes in comparative education*. Potchefstroom: Keurkopie.

Wood K & Jewkes R 2006. Block blockage and nurses scolding; barriers to adolescent contraception in South Africa. *Reproductive Health Matters*, 14:1-10.

Zelnick M & Kanter J F 2005. Sexual activity, Contraceptive use and pregnancy among Metropolitan-area teenagers. *Family Perspectives*, 12:230-238.

**STRICTLY CONFIDENTIAL**

## **QUESTIONNAIRE**

# **The effect of pregnancy on a schoolgirl's education**

P G Sibeko

Dear Educator

**QUESTIONNAIRE: THE EFFECT OF PREGNACY ON THE SCHOOLGIRL'S EDUCATION**

I am presently engaged in a research project towards my MEd (Master in Education) degree at the University of Zululand under the guidance of Prof. M S Vos from the Department of educational Psychology and Special Education. The research aim to investigate "*The effect of pregnancy on a schoolgirl's education*".

I have taken the liberty of writing to you as one of the selected respondents in order to seek your assistance in acquiring information regarding your experiences relating to the research.

**CONFIDENTIALITY**

All information will be regarded as confidential and no personal details of any respondents/educator will be mentioned in the findings nor will the results be related to any particular educators or school.

We appreciate your cooperation

Yours sincerely

.....  
P G Sibeko

.....  
Date

## INSTRUCTIONS TO THE RESPONDENT

1. Please read through each statement carefully **before** giving your opinion.
2. Please make sure that you **do not omit** a question, or skip any page.
3. Please be totally **frank** when giving your opinion.
4. Please **do not** discuss statements with anyone.
5. Please **return** the questionnaire after completion.

Kindly answer **all the questions** by supplying the requested information in writing, or by making a cross (x) in the appropriate block.

**SECTION 1**  
**BIOGRAPHICAL INFORMATION**

<b>1.1 My gender is</b>		
		<b>Code</b>
1	Male	1
2	Female	2

<b>1.2 My age in completed years as at 2006-12-31</b>		
Age group		<b>Code</b>
1	20-25 years	1
2	26-30 years	2
3	31-35 years	3
4	36-40 years	4
5	41-45 years	5
6	46-50 years	6
7	51-55 years	7
8	56-60 years	8
9	61-65 years	9
	Older than 65 years	10

1.3 My qualifications are		Code
1	Academic qualification(s) (only. BA, M.Ed., etc	1
2	Professional qualifications only (HDE, FDE, PTC, T4, etc.	2
3	Academic and professional qualifications (BA, HDE)	3

1.4 Total number of completed years in the teaching profession, as at 2006-12-13		
Number of years		Code
1	0-5 years	1
2	6-10 years	2
3	11-15 years	3
4	16-20 years	4
5	21-25 years	5
6	26-30 years	6
7	More than 30 years	7

1.5 My post level is		Code
1	Principal	1
2	Deputy Principal	2
3	HOD	3
4	Educator (level 1)	4

1.6 Type of post held by me		Code
1	Permanent	1
2	Temporary	2
3	Part-time	3

1.7 My school is situated in:		Code
1	Urban area	1
2	Semi-urban area	2
3	Rural area	3

**SECTION 2**  
**POSSIBLE REASONS FOR SCHOOLGIRL PREGNANCY**

Possible reason why schoolgirls fall pregnant:	Agree	Disagree	Uncertain	Code
2.1 Lack of knowledge about sexuality (e.g. incorrect / incomplete information obtained from peers / friends).				
2.2 Peer pressure (e.g. engaging in sexual activities to be accepted / conform).				
2.3 To become independent (e.g. by having a baby adult status is attained).				
2.4 Examples portrayed by the media (e.g. sexual conduct of movie / soapie stars on TV)				
2.5 Early menarche (e.g. onset of menarche at younger age increases the risk or pregnancy)				
2.6 Beliefs about fertility (e.g. falling pregnant proves fertility prior to marriage)				
2.7 Non-availability of contraceptives (e.g. inaccessible clinics or schoolgirls embarrassed to get contraceptives)				
2.8 Low socioeconomic status (e.g. poverty and unemployment).				
2.9 Risk behaviour (e.g. alcohol/drug use promotes irresponsible sexual activities)				
2.10 Role models (e.g. single mothers with successful careers)				



**SECTION 3**  
**EFFECT PREGNANCY ON SCHOOLGIRL'S EDUCATION**

<b>Consequences of schoolgirl pregnancy are:</b>	<b>Agree</b>	<b>Disagree</b>	<b>Uncertain</b>
3.1 They are often absent from school (e.g. to visit clinic, doctor or not feeling well)			
3.2 Poor performance in schoolwork (e.g. homework not done, absent for tests / assessments)			
3.3 Discrimination by educators (e.g. ignored and belittled in class)			
3.4 Discrimination by learners (e.g. learners avoid them and call them names)			
3.5 Drop out of school (e.g. must leave school to take care of the baby)			
3.6 Repetition of a grade (e.g. has to repeat a grade because of absenteeism and exam failure).			
3.7 Negative attitudes of educators (e.g. pregnant girl cannot cope with schoolwork)			
3.8 Misunderstanding by educators (e.g. expected to perform and behave like other learners)			
3.9 Lack of support from educators (e.g. refusal of extension for submission of work)			
3.10 An obscured future perspective (e.g. lack of proper education and thus limited or no job opportunities)			

**SECTION 4**  
**SUPPORT FOR PREGNANT SCHOOLGIRLS**

In my school the following are available to support pregnant schoolgirls:	Agree	Disagree	Uncertain	Code
4.1 A departmental policy on schoolgirl pregnancy.				
4.2 A school policy relating to schoolgirl pregnancy.				
4.3 Pregnancy policies are correctly implemented.				
4.4 Workshops on sexuality are regularly conducted for educators.				
4.5 A school nurse is available (e.g. to advise pregnant schoolgirls on pregnancy issues)				
4.6 A school counsellor is available (e.g. to help pregnant girls with emotional problems)				
4.7 Contraception methods are explained to learners (e.g. the use of different contraceptives)				
4.8 Sexuality education is given to all the learners (e.g. reproductive health information)				
4.9 Special facilities for pregnant schoolgirls (e.g. write exams in offices)				
4.10 Special support for pregnant schoolgirls (e.g. nutritional food at school)				