

**An  
investigation  
into the  
high  
prevalence  
of schoolgirl  
pregnancy**

**An investigation into the  
high prevalence  
of schoolgirl pregnancy  
by  
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SUPERVISOR: Prof M S Vos

January 2012

## DECLARATION

I declare that this dissertation *An investigation into the high prevalence of schoolgirl pregnancy* represents my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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**J J NDULI**

PIETERMARITZBURG

January 2012

## **DEDICATION**

This work is dedicated to:

My children:

- ✓ Mfundo,
- ✓ Nozipho,
- ✓ Nqobile,
- ✓ Bunny, and
- ✓ Bonny

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# **CHAPTER 1**

## **ORIENTATION**

### **1.1 INTRODUCTION**

South Africa is confronted with an escalating epidemic of schoolgirl pregnancies. According to Panday, Makiwane, Ranchod and Letsoale (2009:21) schoolgirl pregnancy has grown in significance as a social construct as such represents one of several indicators of burgeoning schoolgirl delinquency, sexual permissiveness and moral decay.

According to Hughes (2002:6) schoolgirl pregnancy raises many questions. It creates a range of problems to be sorted out, even for an adult woman with a husband and children. For a schoolgirl, becoming pregnant is even more problematic. As a result the questions that pregnant schoolgirls ask themselves are often the most difficult to answer. These questions range from (Mngomo, 2010:11):

- ✓ Who will take care of my baby?
- ✓ Am I old enough to be responsible for motherhood?
- ✓ What about my schoolwork?
- ✓ What about money?
- ✓ Where will we live?
- ✓ Will my baby have a caring father?

The above questions are only a few that schoolgirl pregnancy elicits. It is very common for a schoolgirl to be scared of pregnancy (Hughes, 2002:6). A schoolgirl can feel as if she is the only one in the world who has this problem and that there is no one she can turn to for help. 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).

Medical risks and long-lasting emotional problems are associated with schoolgirl pregnancy. The choice of what to do when the pregnancy is confirmed is too serious a matter for the level of maturity of most schoolgirls. The girl faces confusing advice from many people regarding child-rearing practices and this undermines her confidence in herself and her ability to cope (Newman, 2008:4).

A baby changes its mother's life in many ways (Mazibuko, 2008:2). A pregnant schoolgirl must think about the future and the things she may not be able to do once the child is born. She needs to ask herself whether she wants to finish high school and thereafter proceed to college and have a professional career. Therefore, a schoolgirl needs to calculate the risk involved and determine whether she can do these things whilst taking care of a baby (Hughes, 2002:23). First of all, a baby must have a home. With this in mind a schoolgirl, having given birth to a baby may decide to keep the baby with her family or the family of the baby's father. There are of course other options she may consider such as to live with friends or even alone with the baby. For all these to happen, the schoolgirl has to figure out how the notion of home and its ultimate realization is going to come to fruition and function as is desirable. In the event of the schoolgirl mother deciding to live with others questions such as who will be in charge and whose rules will the baby follow and whether the new home can support the baby need to be contemplated and answered (Nash, 2002:151).

A pregnant schoolgirl must also think about money (Hughes, 2002:19). Having a baby is expensive. Medical costs are very high. She must pay for

food and clothing for both the child and herself. Other costly items are needed, such as baby bottles, diapers, and a crib. Thus a pregnant schoolgirl must establish whether she is old enough to get a job and also whether she will be able to keep the job when the baby is born. Notably, even if she can get a job, it may not pay enough to support her and the baby. She might also need to pay a babysitter or day-care centre (Hughes, 2002:22). Support from her family is very important. She must think about whether her family can give her any help. This help may be money, it may be a place to live, or it may be emotional comfort (Ramalebana, 1995:19).

## **1.2 ANALYSIS OF THE PROBLEM**

The rate of teenage pregnancy in South Africa has reached alarming proportions (Bhana & Morrell, 2010:872). 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, it was found that nationally 37% of school-going learners had initiated sexual activities (KZN 37.5%). About a quarter (24.4%) of school-going girls nationally became pregnant (KZN 25.8%). These figures indicate an increase in the pregnancy rate compared with the previous YRBS survey conducted in 2002 (MRC, 2009:7). These figures show that the prevalence of schoolgirl pregnancy in KwaZulu-Natal is higher than the national prevalence. Data for schoolgirl pregnancy in KZN during 2009 and 2010 indicated an increase as presented in Table 1 (KZN DoE), 2010:3):

**Table 1      Learner pregnancy per district in KwaZulu-Natal**

<b>DISTRICTS</b>	<b>NO OF PREGNANCIES 2009</b>	<b>NO OF PREGNANCIES 2010</b>
AMAJUBA	716	646
EMPANGENI	1 682	1 622
ILEMBE	81	1 101
OBONJENI	1 765	2 029
OTHUKELA	1 044	1 029
PINETOWN	1 776	1 875
SISONKE	830	1 566
UGU	1 193	1 740
UMGUNGUNDLOVU	1 124	1 205
UMLAZI	1 209	1 471
UMZINYATHI	836	823
VRYHEID	1 600	2 153
<b>TOTALS</b>	<b>14 646</b>	<b>17 260</b>

According to Marteleto and Lam (2008:355) South Africa has one of the highest proportions of 14-15 year-old girls enrolled in school and also one of the highest proportions of 15-17 year-old girls, who have sex in comparison to other countries in Africa. Young ages of sexual initiation and relatively high levels of adolescent fertility yield high rates of childbearing amongst schoolgirls. Data in Table 2 shows the number of pregnancies per grade in KZN districts. Grade six learners are between 13-14 years of age while grade twelve is 17-18 years old.

**Table 2      The KwaZulu-Natal Department of Education schoolgirl pregnancy statistics for 2007 (Dhlamini, 2009:3):**

<b>DISTRICTS</b>	<b>GR 6</b>	<b>GR 7</b>	<b>GR 8</b>	<b>GR 9</b>	<b>GR 10</b>	<b>GR 11</b>	<b>GR 12</b>	<b>TOTAL</b>
AMAJUBA	6	10	46	75	86	112	88	423
OTHUKELA	32	10	39	83	87	145	126	522
UMZINYATHI	1	5	4	24	26	47	38	146
PM'BURG	3	7	9	11	15	30	29	104
UGU	1	4	30	24	47	46	35	187
SISONKE	1	2	5	4				12
PINETOWN	0	0	0	22	24	45	34	125
UMLAZI	3	2	34	78	207	182	108	614
ILEMBE	2	10	28	62	91	99	77	369
EMPANGENI	14	25	14	28	296	307	256	940
VRYHEID	30	51	161	260	451	549	505	2007
<b>TOTAL</b>	<b>92</b>	<b>213</b>	<b>366</b>	<b>647</b>	<b>1 304</b>	<b>1 515</b>	<b>1 258</b>	<b>5 578</b>

The average onset of sexual activity among South African teenagers is 15 years and more than one-third of births in the country are to girls under the age of 18 years (Nkuna, 2008). Apart from unwanted pregnancies sexually transmitted diseases are commonplace among sexually active teenagers and despite substantial education efforts over the past few years, condom usage among teenagers remain around 10% (Ayer, 2000:11). A national and demographic health survey in 1999 revealed that 35% of South African teenage girls have either been pregnant or had one child by the age of 19 years (Harrison, 2006:39).

It is therefore an undisputed fact that there is an increasing incidence of teenage pregnancy (Ferguson, 2004:2). The specific conditions under which



this problem occurs are certainly not homogeneous and may vary from one demographic background to another. According to Panday *et al.* (2009:15) several studies indicate the following conditions as contributing to teenage pregnancies.

- ✓ Lack of sexuality knowledge, sex education and guidance.
- ✓ Lack of parental care, control and supervision, for example single parent families.
- ✓ Peer group pressure or influence.
- ✓ Lack of recreation facilities and social entertainment.
- ✓ Exposure to sex movies and pornographic material.
- ✓ Lack of parental example in correct role modelling.
- ✓ The perception of marriage as a priority above education.

According to Rule (2004:4) black adolescents are more likely to engage in sexual activities at an early age because of socio-cultural conditions such as 'miss-guidance' from initiation. Thus it is clear that many unplanned and unwanted pregnancies occur during adolescence when young people become sexually active without adequate knowledge about contraceptives and the result and consequences of their actions (Van den Aardweg & Van den Aardweg, 1990:180). An unwanted pregnancy and the birth of a baby have various psychological and health consequences for both mother and child (Sapire, 1996:113). Irresponsible sexual activities by teenagers can lead to emotional, health and sexual problems, curtail the schoolgirl mother's

education, reduce employment opportunities and result in adverse socio-economic consequences (Dhlamini, 2009:3).

According to Karra and Lee (2007:7) and Bezuidenhout (2008:25) 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 parental complications, premature and infant mortality.
- ✓ Educationally, it often means an interruption of or end to schooling, which ushers in a cycle of failure in occupational training for the mother.
- ✓ Socially, it perpetuates the conditions of deprivation and poverty that often characterise the teenage mother's 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.
- ✓ Role confusion in the family ensues because the schoolgirl as the real mother becomes more of a sister than a mother to her child.
- ✓ Four out of every five pregnant teens are unmarried.
- ✓ Every year more than 30 000 girls under the age of 15 years become pregnant.

- ✓ Out of all the girls who gave birth at the age of 15, about 82 percent (more than 4 out of 5) were daughters of teenage mothers.
- ✓ Only 50 percent of the girls who have babies before they are 18 are able to complete high school.
- ✓ It is estimated that if the trend toward teen pregnancy continues, 40 percent (4 out of 10) of today's 14-year-olds will be pregnant before they are 20.

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

Being a pregnant schoolgirl inevitably leads to schooling disruption, which means a life-world remarkably different from that of other schoolgirls. Thus, some of the questions that require answers are:

- ✓ What are the reasons for the high prevalence of schoolgirl pregnancy?
- ✓ What are the consequences of schoolgirl pregnancy?
- ✓ 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**

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. Le Roux (1992:3) describes 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.

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. However, it is not difficult to identify the onset of adolescence because it is characterised by clearly discernable 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.

#### 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 Schoolgirl-mother**

The schoolgirl-mother is described as a girl of school going age that has reached sexual maturity and is able to bear children (Beesham, 2000:7). A girl is seen as a schoolgirl-mother if she is an adolescent, in school and of compulsory school age.

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

The aims of the study are:

- ✓ To establish what the reasons are for the high number of pregnant girls in schools.
- ✓ To reveal the consequences of schoolgirl pregnancy.
- ✓ To find out the nature of the support available for pregnant schoolgirls.

### **1.6 FURTHER COURSE OF THE STUDY**

Chapter 2 will deal with a literature research of the reasons for the high number of schoolgirl pregnancies and the consequences thereof.

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**

Sexual attitudes are changing, and this change is evident in more open-mindedness about such matters as pre- and extramarital sex (Bezuidenhout, 2004:32). Premarital sex is generally regarded as acceptable, unmarried couples are living together openly and some prefer to have babies without getting married (Gouws & Kruger, 1994:128). Adolescents' intensified and earlier sexual activities compared to previous generations therefore merely reflect the overall trend toward greater sexual freedom and openness in modern society (Burger, Gouws & Kruger, 2000:28). The latter is also true of adolescent schoolgirls in senior primary or high school.

In South Africa there are also signs of greater sexual freedom and a new morality that is not always compatible with parents' values and principles (Masemola, 2008:6). The mass media confront adolescents from all cultures with attitudes, values and usages that are completely different from those adhered to by their parents, with the result that they are much more liberal in their views about sexuality, sexual preferences and behaviour (Bezuidenhout, 2008:19). According to Cunningham and Boulton (2007:2) the sexual evolution may reach a plateau or may even be reversing itself, but meanwhile, like the rest of the population, today's teenagers, including school learners, are more sexually active and liberal than previous generations. This is especially true of girls.

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). According to Bezuidenhout (2008:11) in South Africa more than 30% of all babies born each year are conceived by teenage schoolgirls.

Since schoolgirls in the adolescent state are often still emotionally and socially immature and dependent the implications of pregnancies are legion (Gouws & Kruger, 1994:132). According to Maphumulo (2009:6) the consequences of a schoolgirl pregnancy are enormous for the girl and the father, the baby and society. Schoolgirl mothers are also likely to have money problems although they receive government assistance in the form of a child grant. In many instances the father of the baby has not completed his schooling and has no income for the extra financial obligations involved in taking care of a baby (Mtshali, 2007:4). According to Mngoma (2008:18) schoolgirl mothers often drop out of school or have to repeat grades several times. Adolescents (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 the high number of pregnancies amongst schoolgirls.
- ✓ The consequences of schoolgirl pregnancy.

## **2.2 REASONS FOR SCHOOLGIRL PREGNANCY**

A major reason for concern about sexual activity among schoolgirls in the adolescent stage is the higher risk of pregnancy and the possibility of contracting a sexually-transmitted disease. A variety of reasons are given for earlier engagement in sexual activities such as peer group pressure, curiosity



and the mass media because they are constantly bombarded with sexual images in periodicals, films and videos. Harrison (2006:41) reports reasons for teenage pregnancy from her research as follows:

- ✓ Twenty-eight percent (28%) of the respondents said they wanted to become pregnant.
- ✓ Eight percent (8%) said that being pregnant showed maturity.
- ✓ Six percent (6%) indicated that it would gain them respect.
- ✓ Five percent (5%) got pregnant with the aim of getting married.
- ✓ Three percent (3%) was forced.

In the following discussions some of the reasons that emerged from the literature research will receive attention.

### 2.2.1 **Home conditions**

As the first or primary educators' parents are responsible for the rearing and socialisation of their children and through socialisation they transfer important values and moral standards to their children (Bezuidenhout, 2008:39). In research done by Madlala (2008:2) it was found that 10% of a group of 189 mothers with illegitimate children come from homes that could be described as morally poor. Gouws and Kruger (1994:182) say a child's moral values are formed continuously from birth with the result that parents' influence is virtually irreversible. This means that parents' good influence is imperative, while their bad influence can be shattering, for example drug abuse, promiscuity, etc.

Children identify themselves with their parents' values and norms which lead to the formation of a personal value system (Vrey, 1990:182). The norms that are demonstrably adhered to by parents, such as sexual behaviour, set an important standard for young people's behaviour (Le Roux, 1992:92). Whether moral values are internalised during adolescence depends largely on the adolescent's relationships with their parents. With regard to the parent-child relationship the following can be indicated as possible high-risk factors in respect of teenage pregnancies (Papalia & Olds, 1992:359).

- ✓ The absence of parental love, attention and support forces the teenager to search for intimacy in sexual affairs. The teenager searches for love in sexual intercourse as 'pretence love' or 'instant love'.
- ✓ The lack of a loving situation between parent and teenager results in inadequate emotional maturity. The teenager experiences emotional neglect and the desperate need for love and attention causes the teenager to engage in irresponsible sexual relationships.
- ✓ Parental love which should be demonstrated to the teenager as a prerequisite for secure upbringing is lacking. The teenager who experiences insecurity often gets involved in sexual activities to feel secure.
- ✓ Inadequate sexuality information by parents can give rise to irresponsible teenage experimentation with sex.
- ✓ The absent or weak paternal figures, which do not fulfil their parenting role adequately, often cause identification problems among teenagers who can easily be trapped into undesirable sexual activities.

- ✓ The absence of intimate family relationships spells isolation and estrangement for the teenager resulting in feelings of loneliness. The teenager deals with loneliness by turning to sexual affairs.

### 2.2.2 **Early independence**

The schoolgirl that is at risk of falling pregnant is in the adolescent phase of her development towards adulthood. According to Gouws and Kruger (1994:113) becoming emancipated 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.

### 2.2.3 **Lack of information**

Sex is the topic that is least spoken about by members of a family (Harrison, 2006:41). Teenagers (adolescents) who experience physiological and other changes often find it difficult to discuss these experiences with their parents or other adults. 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 sexual matters, many do not use these facilities for fear of being identified as sexually active or, as some researchers have found out, they do not approach such facilities because they believe incorrectly that health clinics are only for adult mothers and the sick (Bezuidenhout, 2008:2008:40). This increases the chances of teenagers experimenting with sex, which leads to an unwanted pregnancy.

In her research on schoolgirl pregnancy, Beesham (2000:31) found 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). 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 at school or nurses from health departments who visit schools.

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.

In a study conducted by the human 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.

#### **2.2.4 Peer group influence**

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 (Vrey, 1990:171). The implication is that conformity is either implicitly or explicitly enforced. Therefore, schoolgirls often engaged in sexual activities to be absorbed in their peer group despite the possibility of an unwanted pregnancy. The adolescent schoolgirl will conform even if it means a contravention of social or parental norms.

After the family, the peer group is the most important socialisation agent. Not only is the peer group a primary source of information on sex, it also creates 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 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).

#### 2.2.5 **Superstitions and myths**

According to Burger, Kruger and Gouws (2000:131) schoolgirl pregnancy in the South African situation is compounded by a number of myths and superstitions associated with pregnancy and contraception, namely:

- ✓ The use of contraceptives will make a girl sterile.
- ✓ A girl cannot fall pregnant during the first sexual encounter.
- ✓ A girl cannot get pregnant if she keeps her eyes closed during intercourse.
- ✓ A girl cannot get pregnant if she has sex in water.
- ✓ A girl cannot get pregnant during her period.
- ✓ Going to the toilet straight after sex will stop a girl from falling pregnant.

- ✓ Jumping up and down immediately after intercourse will prevent conception.
- ✓ Taking 20 aspirins right after sex will stop conception from taking place.
- ✓ A girl cannot become pregnant if the male withdraws in time.
- ✓ A girl cannot conceive if she is standing during sexual intercourse.
- ✓ Boys (men) maintain that condom use saps their 'strength' and eliminates all pleasure from the sexual intercourse.

Although current research indicates a change in the belief that it is important to prove one's fertility prior to marriage, this value is still found to be a cause of teenage pregnancy. Masemola (2008:6) indicates that most of their respondents (young mothers) were of the opinion that it was important to them to prove their fertility. While some adolescents place a higher value on education and future economic success, there are those who value fertility more.

#### 2.2.6 **Negative self-image**

The self-image is a complex and dynamic system of beliefs which an individual holds true about himself; each belief with a corresponding value (Vrey, 1990:268). A positive self-image is not only important for the adolescent schoolgirl's mental well-being, but also influences her social relationships, performance in all areas and career expectations and success (Gouws & Kruger, 1994:93). The self-image influences everything the schoolgirl (adolescent) is, tries to be or does. Few things are therefore as important during adolescence as developing an adequate self-image.

During adolescence the teenager seeks to build a positive self-image. It is through interaction with significant others that a self-image is created. If the interaction between the teenager and the significant others is positive, the teenager will develop a positive self-image. Teenagers who have constantly to prove their worth, or endure continuous ridicule, or who experience an identity crisis, seek attention outside the home. Such attention-seeking behaviour often ends in illicit sexual unions through which the teenager tries to prove her worthiness (Bezuidenhout, 2008:41).

### **2.2.7 The role of the community**

According to Preston-Whyte and Allen (2002:41) both developed and developing societies are becoming increasingly complex. Like most norms and values, the norms and value regulating sexual behaviour change with time, creating confusion in those who want to conform to them. There is often a discrepancy in what is conveyed about sex by the parents, religious leaders and teachers, and what is experienced by the teenager as happening in the community. According to Saville (2006:3) in the midst of this confusion, teenagers resort to experimentation, which often causes pregnancy. On the other hand, there is also a tendency for communities to become more relaxed about teenage pregnancy in the midst of these changing values pertaining to sexuality and sexual activity. This, too, leads to greater sexual experimentation among the younger generation. While a teenage mother is likely to be confronted with a negative community attitude about her unmarried status, the father of the child often escapes this. At worst, in certain communities he may be expected to pay “damage money” (for loss of virginity) or, if marriage is a prospect, *lobola*. If he is unable to pay, this becomes the responsibility of his family. While such traditional approaches to teenage pregnancy are not the sole cause for sexual experimentation or even exploitation by the young male, they are viewed as an indirect cause (Bezuidenhout, 2008:42).



### 2.2.8 Television

According to Panday *et al.*, (2009:36) there is no question that television also contributes to sexual activities amongst school children. The media watchdog group, Parents Television Council, has noted that the sexual content of some popular television shows aired over the past few years are aimed directly at adolescents, such as *Dawson's Creek*, *Buffy the Vampire Slayer*, *Angel*, *Charmed* and *Sabrina the Teenage Witch* (Martelelo & Lam, 2008:354). Although in *Buffy the Vampire Slayer*, pervasive and graphic sexual content has been considerably toned down, inappropriate and crude sexual references do remain. Therefore, the rating for sexual content on this show remains red and this series is not appropriate for young children or adolescents.

According to Devenish, Gillian and Greathead (2004:162) 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. According to Rule (2004:4) it is therefore important for young people to learn correctly about sexuality and thereby reduce the possibility of related problems.

All people respond to sexual stimulation, but the teenager is especially vulnerable as the intensity of the responses is confusing and difficult to understand (Ferguson, 2004:2). Knowing when, what and how something will happen will increase understanding and reduce confusion about sexuality.

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.

It was calculated how frequently each category of film was screened, and the following was established (Bezuidenhout, 2008:42):

- ✓ Viewers had 35 opportunities to view 17 films with explicit sex scenes, i.e. 24% of the total viewing time.
- ✓ Viewers had 10 opportunities to view 4 films that were listed as being appropriate for the whole family, i.e. 7% of the total viewing time.
- ✓ Viewers had 77 opportunities to view 34 films that 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, i.e. 51% of the total viewing time.

In her research Beesham (2000:45) received the following responses from pregnant schoolgirls:

- ✓ 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.

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

In her research on risk-taking behaviour among black, coloured and Indian adolescents; Dietrich (2003:30) established that alcohol and drug consumption prior to sexual activity occurred mostly among older adolescents. She also established 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 Le Roux (1992:90) the following can be indicated as possible high-risk factors in respect of schoolgirl pregnancies:

- ✓ Inadequate sexuality education and information on sex can give rise to irresponsible experimentation with sex, with catastrophic results.
- ✓ In the absence of parental love and attention the schoolgirl searches for acceptance in illegitimate sexual affairs.

- ✓ Drug use can stimulate sexual activities through nullifying the schoolgirl's inhibitions and the direct stimulation of sexual desire.
- ✓ Engaging in sexual activities without taking proper or no precautionary measures.

#### 2.2.10 **Early menarche**

While white females experience menarche at an earlier age than do black females (Channing-Pearce & Solomon, 2001:87), more recent research by Buga *et al.* (2006:525) indicates that the age of menarche is decreasing for both urban and rural black females. The implication of this is that sexual activity is likely to begin at an earlier age, with an earlier risk of unwanted pregnancy, given the presence of the other contributing factors already discussed (Bezuidenhout, 2008:43).

#### 2.2.11 **Loneliness**

Loneliness can be experienced for a variety of reasons. A schoolgirl who experiences loneliness can participate in undesirable activities and a quest for pleasure, thereby creating a situation in which she gets involved in sexual activities (Beesham, 2000:62).

Le Roux (1992:84-91) cites the following as reasons for feeling lonely:

- ✓ Inadequate communication in the family can cause children (schoolgirls) to feel neglected and as a result experience loneliness.
- ✓ Parents have limited time for contact with their children and the child's need for attention remains unfulfilled with the result that the child (schoolgirl) experience loneliness, insecurity and frustration.

- ✓ Meaningful leisure-time activities are not available and the schoolgirl lapses into idleness, boredom and loneliness.
- ✓ In the family home where television and / or computers are the most important medium of enjoyment and communication a child can easily become lonely without the other members of the family realising it.

According to Bezuidenhout (2008:43) owing to unhappy circumstances at home, poor peer relationships, a low self-image and other reasons, many teenagers are socially isolated. By participating in sexual activity with the opposite sex, teenagers try to gain friendship to combat their loneliness. Such sexual activity often ends in unwanted pregnancy.

#### 2.2.12 **Contraception**

A survey conducted by the Reproductive Health Research Unit in 2003 indicated that the rate of teenage pregnancies (including schoolgirls) in South Africa has not diminished despite initiatives to improve reproductive health counselling and related services (Richter, Norris & Ginsburg, 2006:123). These include sexuality education in the life skills curriculum in schools, access to contraception and termination of pregnancy. 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) gives the following reasons why teenagers did not use contraceptives:

- ✓ They did not expect to have sexual intercourse and therefore did not prepare for it.
- ✓ Teenage girls do not use birth control because they want to get pregnant.
- ✓ They enjoy sex more without using a condom.
- ✓ The lack of knowledge about contraception and the unavailability of contraceptives.
- ✓ The teenage girl believes that pregnancy 'won't happen to me'.

Rule (2004:4) says that some people believe that teaching teenagers about contraception encourages sexual activity and thus conclude 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 sex and 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 people first engage in sexual intercourse without any contraceptive protection (Sapire, 1996:41). 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).

The following are reasons that account for why people do not choose condoms (Bezuidenhout, 2008:43):

- ✓ It is believed that condoms reduce sensation.
- ✓ The one partner may feel that the use of condoms implies that the other partner is sleeping around.
- ✓ It reduces the romance of lovemaking.
- ✓ Partners may fear that the condom will come off, or burst.
- ✓ It is also believed that partners feel embarrassed to be seen buying, carrying, or using condoms.
- ✓ Partners may be unsure as to how to suggest the use of condoms.
- ✓ It is believed that condoms are too tight.
- ✓ The female partner might be interested to fall pregnant.
- ✓ The female partner may feel that even without the use of a condom she will not fall pregnant.
- ✓ Partners may feel that they are not putting themselves at risk by not using condoms.
- ✓ Partners may feel that the use of condoms is not natural.
- ✓ The male partner may feel that using condoms means having to expose his genitals to the female partner.

### 2.2.13 **Role models**

Parents are the child's primary educators and role models and thus have a very early and extensive impact on the child's belief systems and values which affect their behaviour. Researchers have recognised parental values as a vital factor that influences the adolescent's sexual début (Panday *et al.*, 2009:35). 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).

Children want to grow up to resemble and act like the adult role model with whom they identify (Du Toit & Kruger, 1994:6). The parent is the child's first role model but as the child grows up the parent is gradually replaced as an identification figure and role model by the educators that act as substitute parents during the long hours spent at school (Mwamwenda, 1995:47).

According to Bezuidenout (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).

Dietrich (2003:28) maintains that the person most meaningful (significant other) to the adolescent schoolgirl has the best chance of influencing her sexual behaviour. People that are meaningful to the schoolgirl like parents, siblings, family members, educators, etc. and persons in a position of power, like government ministers, often exhibit irresponsible sexual behaviour which is emulated by the schoolgirl.

#### **2.2.14 Other reasons for schoolgirl pregnancy**

In some societies gender power inequalities constrain women, including schoolgirls' sexual choices in many instances pregnancy is the result of coercive sex, with women being unable to negotiate condom use and being vulnerable to male pressure (Bhana & Morrell, 2010:875).

According to Burger, Kruger and Gouws (2000:111) a study on pregnant schoolgirls established that two-thirds of these schoolgirls had wanted to become pregnant and have a child. The remaining individuals reported that they did not want a child but became pregnant due to unforeseen circumstances. In similar research Zelnik and Kantner, (2005:235) found that 30% to 40% had planned their pregnancies, suggesting that a significant number of pregnant schoolgirls acted purposefully to have a child. Differences in contraceptive behaviour between the two groups, were however significant. Those who did not want to become pregnant were more likely to have discussed sex and birth control with educators, sisters, or girlfriends. Reasons for wanting a child by schoolgirls fall under both psychological and socio-cultural factors. Babies represent hope, not just for the individuals but also for society (Rickel, 1999:51). A baby fills a psychological need for a love object, affection, or attachment. For some

teens getting pregnant is an assertion of independence or of a girl's own need to be a mother and a way of gaining attention (Preston-White & Allen, 1992:12). Additionally, schoolgirls feel that having a baby will help them assert autonomy from or rebel against parents, especially if the parent-schoolgirl relations are strained or filled with conflict (Vincent, 1991:80).

For lower-class schoolgirls, becoming pregnant is a means to become socialised, achieve adult status, and reach maturity (Bezuidenhout, 2008:46). Girls of lower socio-economic status are often thought to hold beliefs that minimise the social consequences of or even provide positive sanctions for becoming pregnant. They are also less likely to envision alternatives to the traditional motherhood role and tend to have few prospects for other forms of achievement.

Although heightened sexuality, a lack of information about fertility and contraception, and a tendency not to use contraceptives, are generally cited as reasons for schoolgirl pregnancies, there are problems that are also highly prevalent in the rural areas (Canavan, 2007:1). The following is a range of factors contributing to schoolgirl pregnancies (Burger, Gouws, 2000:131):

- ✓ Having a baby is viewed as a sign of maturity – a kind of status symbol.
- ✓ Pregnancy is used to achieve both an identity and a feeling of being loved and needed.
- ✓ Pregnancy is used as an escape from an unhappy home situation.
- ✓ Pregnancy is a reason for the loss of a parent through divorce, death or hospitalization or institutionalization.

- ✓ Many pregnant schoolgirls have a history of being victims of child abuse or rape, or of coming from homes with an indifferent or uninvolved pattern of parenting (Freiberg, 1987).

## **2.3 CONSEQUENCES OF SCHOOLGIRL PREGNANCY**

### **2.3.1 Introduction**

According to Harrison (2006:39), it is not surprising that teenage pregnancies are both a national and an international social problem that threaten to assume epidemic proportions. In South Africa more than thirty percent (30%) of all babies born each year are conceived by teenagers. Girls of 16 years of age and younger give birth to about 50 000 babies each year. Mngoma (2010:11) says the unattached, unsupported and immature pregnant schoolgirl is a knife at the throat of modern culture and a mortgage on the future vitality and hope of, especially, the black population in major cities where schoolgirl illegitimacy is now the condition of a majority of births. In South Africa schoolgirl pregnancies are not concentrated in the cities, but are a problem that is also highly prevalent in the rural areas (Burger, Kruger & Gouws, 2000:131).

Bezuidenhout (2008:44) states that an unmarried, pregnant teenager 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. The shock of an unwanted pregnancy is emotionally traumatic for the young teenager mother-to-be. While some teenagers receive emotional support from their close family members, others

do not. In the absence of emotional support, some teenagers experience increased anxiety and frustration, while others develop depression.

### 2.3.2 **Health risks**

According to the MRC (2009:31) teenage girls are more prone to such complications of pregnancy as anaemia, prolonged labour and toxemia. They are also twice as likely as older mothers to bear low birth-weight babies, three times more likely to have babies who die in the first year and children are twice as likely to have neurological defects.

In their research Cunningham, Elo, Herbst and Hosegood (2010:229) established that the health problems experienced by teenage mothers and their babies result from social causes rather than medical ones. Many of the pregnant schoolgirls are from a poor socio-economic milieu and cannot follow a diet required for a healthy mother and baby. Inadequate parental care due to insufficient financial support, also contributes to health problems for the mother and the baby.

Richter, Morris and Ginsburgin (2006:123) refer to two large-scale studies that found that teenage pregnancies turned out better than those of women in any other age group. Their conclusion was that if early, regular and high quality medical care is made available to pregnant teenagers the likelihood is that pregnancies and deliveries in this age group will not entail any higher medical risk than those of women in their twenties.

Although abortions in South Africa are legal there are still teenagers who subject themselves to life-threatening 'backstreet' abortions while others simply abandon their babies in public toilets, rubbish bins or some 'convenient' place (Mngoma, 2010:11). According to Harrison (2006:43) an abortion by an unqualified person contains the following health risks:

- ✓ infection;
- ✓ bleeding;
- ✓ placental complications and
- ✓ sterility.

Even though a teenage girl appears to be physically mature, her body is still developing. The younger she is, the greater the medical risks imposed by pregnancy. The uterus does not reach maturity until a girl is 18 or 19. Should the teenager fall pregnant before the uterus is mature she may suffer from physiological conditions later in life, such as a prolapsed uterus, as a result of the strain on immature pelvic muscles (Bezuidenhout, 2008:45).

The increased nutrient demands of the foetus may also adversely affect an adolescent's growth potential. This is one of the reasons why incomplete maturation of bone tissue occurs, causing cephalopelvic disproportion (the head and pelvis become out of proportion with one another) in the young adolescent (Bhana & Morrell, 2010:879). Together with middle-aged childbearing women, adolescents are viewed as a high-risk maternity population. Complications such as high blood pressure, toxemia, anaemia, heart failure and other physiological conditions may also develop and thus endanger the life of the teenager (Dietrich, 2003:38).

The health outcomes of pregnancy are worse for women in the age group 15-19 years for three main reasons (Varga, 2003:166):

- ✓ Schoolgirls may not know when and where to seek help and may not have the financial resources or necessary family support.
- ✓ Adolescent girls may only initiate antenatal care at a later stage than those who planned their pregnancies.

- ✓ The quality of health services available to pregnant schoolgirls may not be optimal.

### 2.3.3 **Outcomes for society**

According to Bezuidenhout (2008:49) 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. During this time she and her child may have to make ends meet from a state maintenance grant. Ultimately, therefore, unwanted teenage pregnancies increase the financial burden on state funds.

State funds are also needed to provide health clinics and other forms of health care for the pregnant teenager, and for the prevention of unwanted pregnancies. Abandoned babies and children, as well as those who have been found to be in need of care, are placed in places of safety, children's homes and foster care, which also adds to the financial burden that has to be met by the state (Editor, 2008:2).

In keeping with the multiple spheres of influence on adolescent sexual behaviour, a number of prevention interventions have been instituted in South Africa. These interventions are funded by the state (from tax payers' money) and include the following (Panday *et al.*, 2009:7):

- ✓ School-based sexuality education programmes.
- ✓ Adolescent friendly clinic initiatives.
- ✓ Mass media intervention programmes.
- ✓ Community-level programmes.

One of the earliest health interventions instituted by the democratic government of South Africa was the provision of free health care. The aim of

these primary health care clinics are to provide free reproductive health care such as contraception, antenatal monitoring, care for lactating mothers and babies up to the age of six years (Varga, 2003:159). The majority of pregnant schoolgirls have no alternative but to make use of these free services because of financial constraints (Harrison, 2006:41).

Free abortion clinics were established by the government in 1996 to reduce abortion related morbidity and mortality and to protect women's reproductive health choices (Bhana & Morrell, 2010:877). This legislation resulted in a significant decline in unsafe abortion among teenagers. However, the stigma of the community and the health care system as well as the influence of decision-makers (mothers, family and partners) in their lives prevent pregnant teenagers from choosing safe health care options available to them (Dietrich, 2003:32). Therefore many pregnant teenage girls, especially pregnant schoolgirls, still opt for unsafe or 'backstreet' abortions (Richter, Norris & Ginsburg, 2006:122). Some teenage girls die as a result of an unsafe and unsuccessful abortion while others have to be hospitalised for subsequent treatment. Most of the teenage girls cannot pay for this treatment, which means the state has to foot the bills from taxpayers' money.

According to Bezuidenhout (2008:51) the most negative and costly outcomes of an adolescent pregnancy (schoolgirl pregnancy) for society are intergenerational. The children of teenage mothers are more likely to drop out of school, obtain lower grades and have poor school attendance records. Research also indicates that 32% of teenage girls whose mothers gave birth to them as adolescents had also given birth as adolescents (Macleod, 1999:12). In this way the intergenerational transmission of inadequate education, poor job opportunities and poverty is perpetuated between mothers and daughters with a greater demand on government grants (Nash, 2002:155)

#### 2.3.4 Interruption of education

In their research Bhana and Morrell (2010:873) found that the presence of 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. They are often absent because they are not feeling well or to visit a clinic or doctor. Pregnant schoolgirls miss a lot of schoolwork (e.g. lessons, assignments, tests) and educators reported that when comparing a learner's performance before and after pregnancy there is a decrease in their academic performance (Beesham, 2000:45). In research done by Panday *et al.* (2009:31) it was found that the majority of schoolgirls that return to school after the birth of their baby have to repeat their grade.

Marteletto and Lam (2008:3) say 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 and Morrell (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:

- ✓ Due to their pregnancy schoolgirls are often absent to visit the clinic or doctor and therefore miss schoolwork such as lessons, tests and assignments and fall hopelessly behind in their schoolwork.
- ✓ 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. In many cases, the boy responsible for the pregnancy rejects the responsibility. This kind of rejection without warning has a traumatic effect on the girl, which dents her self-image significantly and results in unpleasant learning experiences. 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.

#### 2.3.5 **Discrimination**

Discrimination is when an unjust distinction is made in the treatment of different categories of people on the grounds of sex, race or minority ( Oxford Dictionary Committee, 2005:121). Discrimination can thus be seen as the unfair treatment of a person or a group of people, for example if a pregnant schoolgirl is 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. The following can be viewed as discriminating practices by a school (educators) (Grant & Hallman, 2009:375):

- ✓ 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.
- ✓ Educators refuse 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 to visit the clinic or doctor.
- ✓ Late-coming or absence by a pregnant girl is often blown out of proportion and thus exaggerated by educators.

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):

- ✓ Learners do not want to share a toilet with a pregnant schoolgirl for fear of contracting a sexually transmitted infection.
- ✓ Learners avoid sharing a double desk with a pregnant girl because they are afraid of also getting sleepy and doze off like the pregnant girl.

- ✓ 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.

Pregnant teenagers also face discrimination within the health care system which prevents them from seeking the care they need in their pregnancy. According to Varga (2003:171) clinic staff often refuses to give young pregnant girls the free medical care they are entitled to because they view them as sex workers.

#### 2.3.6 **Future perspective**

According to Dhlamini (2009:3) the future outlook of most pregnant schoolgirls is bleak. 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**

The sexual behaviour of schoolgirls (adolescents) has the potential to confer significant risk to them when experiencing an early pregnancy. Research has shown that in South Africa the median age for initiating in sexual activities among 15-19 year-olds was 16 years for males and 17 years for females. In a 2011 survey it was found that 33% of children in South Africa already had sexual intercourse at the age of 14 years without their parents' knowledge.

Despite the fact that information about sexuality issues and contraceptive methods are widely available the rate of teenage pregnancy remains alarmingly high. Although 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.

The health consequences of teenage pregnancy are higher in developing countries like South Africa than in developed countries. Health risks associated with teenage pregnancy are elevated risks of maternal death, higher risk of obstetrics complications, low birth weight and a high risk of infant mortality. Although antenatal care is available to all pregnant women, the discrimination that pregnant teenagers often face within the health care system is a deterrent to seeking care early in their pregnancy. Research findings also indicate that children born to teenage mothers are more likely to experience health problems compared to children of older mothers.

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 preceding chapters the conceptual and theoretical issues relating to the effects of pregnancy on a schoolgirl's life were examined. The literature review revealed that the effects of pregnancy on a schoolgirl's life have serious repercussions as they impact negatively on her education and future career opportunities.

This chapter focuses on the research methodology used in the empirical investigation relating to the effect of pregnancy on a schoolgirl's life.

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

##### **3.2.1 Selection of the respondents**

The empirical investigation was conducted in Pietermaritzburg at the Edendale Location. Educators from Umsunduzi circuit schools were randomly selected as the research group. This gave the researcher a randomly selected sample of 150 educators, which is considered an adequate sample for a research project at the Master's level.

##### **3.2.2 Simple random sampling by lottery method**

According to Maree (2007:12) drawing a simple random sample is meant to have a complete and up-to-date sample frame available. Each population element has to be numbered sequentially such that each element can uniquely be identified. The actual drawing of the sample involves the

generation of a predetermined number – the sample size – of random numbers. The population elements corresponding to these numbers form the sample (Cohen, Manion & Morrison, 2001:100).

### **3.3 THE RESEARCH INSTRUMENT**

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

Questionnaires are a form of structured interviewing where all the respondents are asked the same questions and are often offered the same options in answering them (yes / no, ranked on a scale, etc.). Questionnaires may include open questions, which respondents answer in their own words. Individuals differ in their ability and willingness to write answers and answers to open-ended questions can be difficult to interpret and / or analyse. Some researchers recommend that a few open-ended questions should be asked as this puts respondents at ease and are thus able to express themselves in their own words. As a consequence thereof, this gives them a sense of control. Additionally, it also allows for more in-depth answers when required. Notably, therefore, the researcher has to consider his needs and those of the sample group to make a decision in this regard (Hofstee, 2006:132; Blaxter, Hughes & Tight, 1998:159).

The researcher opted for the questionnaire as a method of data collection given its reliability and validity as a research instrument. According to Wayne (2001:41) the term reliability, on the one hand, means that measurements made are consistent, that is, if the same experiment is performed under the same conditions, the same measurements will be obtained. On the other hand, the term validity means that the measurements are correct, that is, the instrument measures what is intended to be measured, and that this is measured correctly.

It is for these reasons that the researcher looked at the principles that determine whether the questionnaire was well designed or not. Thus it is necessary to draw a distinction between questionnaire content, question format, question order, type of questions, formulation of questions and validity and reliability of questions.

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

According to Hofstee (2006:139) and Mays and Pope (2000:37) directness and clarity in the formulation of questions are vital. It is for this reason therefore that the questionnaires formulated by the researcher included, among other things, information on why the respondents were asked to participate, the purpose of the questionnaire, name and contact details of the researcher, and information on how it had to be returned after it had been filled in. The questionnaires were also attractively designed and care was taken to maximise legibility by avoiding ambiguity, vagueness, bias, prejudice and technical language in the formulation of the questions. Since the questionnaires were well designed and easy to read adequate respondents participated thus enabling the researcher to come to reliable conclusions on the issue under investigation. As noted by Hofstee (2006:140) reliable conclusions can only be made when a sufficient number of participants have responded to the questionnaires.

The questionnaire was sub-divided into the following categories as outlined hereunder:

- ✓ Section one dealt with the biographical information of the respondents and consists of questions 1 to 10.
- ✓ Section two focused on possible reasons why schoolgirls fall pregnant.

- ✓ Section three contained statements concerning problems faced by pregnant schoolgirls.
- ✓ Section four was aimed at the support offered to pregnant schoolgirls.

# 1. **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. The characteristics of a good questionnaire that guided the researcher are, according to Wolhuter, Van der Merwe, Vermeulen and Vos (2003:15) the following:

- ✓ The questionnaire has to deal with a significant topic, one the respondent will recognise as important enough to warrant spending his time on. The significance should be clearly and carefully stated on the questionnaire and in the accompanying letter.
- ✓ It must be as short as possible, but long enough to get the essential data. Long questionnaires frequently find their way into the wastepaper basket.
- ✓ Questionnaires should be attractive in appearance, neatly arranged and clearly duplicated or printed.
- ✓ Directions to answer questions must be clear and complete and important terms clearly defined.
- ✓ Each question has to deal with a single concept and should be worded as simply and straightforwardly as possible.

- ✓ Objectively formulated questions with no leading suggestions should render the desired responses. Leading questions are just as inappropriate in a questionnaire as they are in a court of law
- ✓ 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. It is preferable to present questions that create a favourable attitude before proceeding to those that are more intimate or delicate in nature.

Similarly, Wayne (2001:37) suggests that a good questionnaire should ensure that -

- ✓ It is complete, that is, it gets all the data one needs.
- ✓ It is short, that is, does not abuse the respondents' time or concentration.
- ✓ It asks only relevant questions.
- ✓ It gives clear instructions.
- ✓ It has objective questions, that is, does not suggest answers.
- ✓ It starts with general questions.
- ✓ It has appropriate questions.
- ✓ It puts sensitive questions at the end.
- ✓ It uses mostly closed-ended questions – often with a four-point scale.

## 2. Advantages of the written questionnaire

The written questionnaire as a research instrument, to obtain information, has the following advantages:

- ✓ Written questionnaires are the least expensive means of data gathering because they can save the researcher time and money.

- ✓ Interviewer bias is precluded in written questionnaires. The way the interviewer asks questions and even the interviewer's general appearance or interaction may influence a respondent's answers. Such biases can be completely eliminated with a written questionnaire.
- ✓ A written questionnaire permits anonymity. If responses are given anonymously, it would 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 than do interviews. Each person responds to exactly the same questions because standard instructions are given to the respondents.
- ✓ Generally the data provided by questionnaires can be more easily analysed and interpreted than the data obtained from verbal responses.
- ✓ A respondent may answer questions of a personal or embarrassing nature more willingly and frankly on a written questionnaire than in a face-to-face situation with an interviewer who may be a complete stranger. In some cases it may happen that respondents report less than expected and make more critical comments in a mail questionnaire.
- ✓ Respondents can complete questionnaires in their own time and in a more relaxed atmosphere.

- ✓ Questionnaire design is relatively easy if the set guidelines are followed.
- ✓ The administering of questionnaires and the coding, analysis and interpretation of data can be done without any special training.

### 3. Disadvantages of a questionnaire

The researcher is also aware of the fact that the written questionnaire has important disadvantages. Anderson, Berdie and Niebuhr (2002:123) view the following as disadvantages of a questionnaire:

- ✓ Questionnaires do not provide the flexibility of interviews. In an interview an idea or comment can be explored. This makes it possible to gauge how people are interpreting the question. If questions asked are interpreted differently by respondents the validity of the information obtained is jeopardised.
- ✓ Questions can be answered only when they are sufficiently easy and straightforward to be understood with the given instructions and definitions.
- ✓ The written questionnaire must be seen as final. Re-checking of responses cannot be done. There is no chance of investigating beyond the given answer for a clarification of ambiguous answers. 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 answers to the different questions can therefore not be treated as 'independent'

- ✓ Researchers are unable to control the context of a question and specifically the presence of other people. Respondents may ask friends or family members to examine the questionnaire or comment on their answers, causing bias in the respondent's own private opinions.
- ✓ Written questionnaires do not allow the researcher to correct misunderstandings or answer questions that the respondents may have. Respondents might answer questions incorrectly or not at all due to confusion or misinterpretation.

### 3.3.3 **Reliability**

According to Bless and Higson-Smith (2000:19); 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.

#### 3.3.3.1 **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 Bless and Higson-Smith (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.

### 3.3.3.2 Equivalent form reliability

According to Mays and Pope (2000:24) 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.

### 3.3.3.3 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, 2001:25) 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.

#### 3.3.3.4 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 (De Vos, 2000:49)

#### 3.3.4 Validity

According to Bless and Higson-Smith (2000:25); Maree (2007:13) and Welman and Kruger (2001:135) the validity of an 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.

##### 3.3.4.1 Face validity

Brown and Dowling (1998:71) say that 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.

##### 3.3.4.2 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 (Best & Kahn, 1993:52).

#### 3.3.4.3 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 (Maree, 2007:14)

#### 3.3.4.3 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 (Welman & Kruger, 2001:139)

#### 3.3.5 Threats to validity

As argued by Maree (2007:13); Cohen, Manion and Morrison (2001:131) and Welman and Kruger (2001:138) the following factors are threats to the validity of an instrument and should be seriously considered by the researcher:

- ✓ The reliability of the instrument – if the instrument is not reliable, it cannot be valid.
- ✓ Some respondents may tend to agree or say “yes” to all questions – to guard against this, formulate some items positively and some negatively.
- ✓ Social desirability (respondents answer in a manner they think is expected) – carefully formulate items and their response levels for which this may be a problem to minimise this phenomenon.
- ✓ Items bias (some groups systematically score items higher or lower than others due to external factors such as language or cultural differences) – cultural differences occur frequently since the meaning of items is not the same for different cultures. Gender bias is also common.

In this study however, the researcher, is of the view that the questionnaires that were administered to the respondents who participated in this investigation 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. Misinterpreted questions and / or instructions were reformulated.

### **3.4 PILOTING**

The researcher engaged in a pilot study to establish whether the compiled questions met the requirements of the study. According to De Vos (2000:178) and Cohen, Manion and Morrison (2001:260) small-scale piloting is essential as it involves getting a few individuals to work through the questionnaire in the researcher’s presence and then talk it over with the researcher. Arguably, this has several purposes in that firstly the researcher

wants to find out roughly how long the questionnaire takes to answer and whether there are any features of it that are likely to put the respondents off and so reduce the response rate. Secondly, the researcher wants to de-bug the questions in the event of them being not wording clear and also determine whether the terms used in the formulation of the questionnaire are familiar and unambiguous. Furthermore, it is incumbent upon the researcher to establish whether the respondents conceive of the questions as important and interpret them as the researcher expects (De Vos, 2000:178; Cohen, Manion & Morrison, 2001:260).

### **3.5 ADMINISTERING THE QUESTIONNAIRE**

After conducting the pilot study, the researcher found it important to deliver the questionnaires personally to the selected schools and collect them after completion.

Researcher chose the questionnaire as research instrument because all respondents were required to answer the same standardised questions. The researcher personally distributed the questionnaires to the randomly selected respondents to ensure that a good percentage is returned.

As suggested by De Vos (2000:155) with every questionnaire there was an accompanying letter of not more than one page, covering a number of points such as the following:

- ✓ Who they were and what were they interested in.
- ✓ Why they were contacted and what was expected of them.
- ✓ Why this research was being undertaken and for whom.
- ✓ A guarantee of confidentiality and a promise of feedback were given.

In line with Maree's (2009:32) suggestion, the researcher set a clear deadline in a friendly and businesslike tone so that the respondents could have ample time by which to respond. As noted by Anderson, Berdie and Niebuhr (2002:124) there could be interesting reasons why some people have chosen not to reply, and that it is helpful to find out something about these so that one can gauge whether the responses received are typical of the population and whether the 'silent minority' was a significant group whose views should have been sought in some other ways.

#### 3.5.1 **Descriptive statistics**

According to Hofstee (2006:44) data preparation is tedious but requires only care and special technical skills. The same applies to describing the data. Mostly, it is a matter of column totals and checking that all the respondents are accounted for.

#### 3.5.2 **Interpreting the data**

Bless and Higson-Smith (2000:137) argue that it is at the stage of interpreting one's column totals that one needs to be disciplined, and be careful to avoid over-interpretation. Following hereunder are some guidelines that are suggested by Bless and Higson-Smith (2000:137):

- ✓ It is suggested that the researcher should not read anything into the data that is not literally there.
- ✓ When in doubt the researcher should look at the question he actually asked.
- ✓ The researcher should not infer anything about the motives of the respondents for giving a particular answer.

- ✓ The researcher should not treat people's opinions about something as if they were attributes of the thing itself.
- ✓ The researcher should remember that he is not involved in measuring anything, but is merely counting the number of responses in different categories.

### 3.5.3 **Application of the data**

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

- ✓ The first part required respondents' biographic information.
- ✓ The second, third and fourth sections gathered information regarding problems faced by pregnant schoolgirls, and
- ✓ the reasons why schoolgirls fall pregnant.

## **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, findings will be interpreted and some comments will be presented. The data comprises the biographical information of the respondents (senior primary and combined school educators) and their perceptions of the effect of pregnancy on a schoolgirl. From 150 questionnaires one hundred and thirty-eight (138) were correctly completed by the respondents.

#### **4.2 DESCRIPTIVE STATISTICS**

According to Van den Aardweg and Van den Aardweg (1990:59) 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. Van Rensburg, Landman and Bodenstein (1994:355) 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 life.



The researcher was primarily concerned with the nature and degree of existing situations in schools.

#### 4.2.1 **Gender of respondents**

Table 1: Frequency distribution according to the gender of respondents

<b>Gender</b>		<b>Frequency</b>	<b>Percentage</b>
1	Male	55	39%
2	Female	83	61%
<b>TOTAL</b>		<b>138</b>	<b>100%</b>

The frequency distribution in Table 1 shows 22% more females than males formed part of the random selected research sample. Possible reasons for this are the following:

- ✓ According to the statistical data of the Department of Education seventy percent (70%) of the teaching staff in schools are females (DoE, 2002:14).
- ✓ Females tend to view teaching as an occupation that affords them time in the afternoon to attend to their household chores (Bezuidenhout, 2004:39).
- ✓ Most females are not the sole breadwinners and therefore see teaching as a second income (Hill-Lanz, 1995:29).

#### 4.2.2 Age of respondents

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

Age Group		Frequency	Percentage
1	20-25 years	15	11%
2	26-30 years	8	6%
3	31-35 years	22	16%
4	36-40 years	22	16%
5	41-45 years	36	26%
6	46-50 years	23	17%
7	51-55 years	12	8%
TOTAL		138	100

Table 2 shows that the larger percentage (26%) of the respondents in the research sample is in the age group 41-45 years. The frequency in Table 2 also shows that a third (33%) of the respondents is younger than 35 years. Most of the time younger educators have more to offer in terms of time, energy and productivity.

However, according to Martelelo and Lam (2008:17) the possibility also exists that younger male educators may engage in illicit sexual relationships with adolescent schoolgirls.

#### 4.2.3 Qualifications

Table 3: Frequency distribution according to the qualifications of educators

Qualifications		Frequency	Percentage
1	Degree and diploma or certificate	57	41%
2	Diplomas and / or certificates only	80	58%
3	Grade 12 only	1	1%
TOTAL		138	100%

From Table 3 it emerges that the smaller percentage (41%) of the respondents that took part in the research possess academic and professional qualifications which are by many perceived as being better qualified for the teaching profession (Crouch & Perry, 2003:26). 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). A very small percentage (1%) of the respondents has Matric only; a possible reason for this is that they could be substitute or governing body appointed educators.

In order to teach effectively the educator has to develop himself to his highest potential, both professionally and academically (De Villiers, 2007:267).

#### 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	39	28%
2	6-10 years	27	20%
3	11-15 years	21	15%
4	16-20 years	23	17%
5	21-25 years	26	19%
6	26-30 years	2	1%
TOTAL		138	100

Table 4 reveals that the larger percentage (28%) of the respondents in the research sample have between 1 and 5 years' teaching experience and nearly a half (48%) have 10 years or less than 10 years' experience. Experience together with adequate training is needed 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.

#### 4.2.5 Classification of school

Table 5: Frequency distribution according to the classification of the respondents' schools

<b>School</b>		<b>Frequency</b>	<b>Percentage</b>
1	Senior primary school	40	29%
2	Combined school	98	71%
<b>TOTAL</b>		<b>138</b>	<b>100</b>

The frequency table (Table 5) reflects that more than seventy percent (71%) of the respondents teach in a combined school. This was an expected finding because the researcher focused on the effect of pregnancy on a schoolgirl's life, and most pregnancies are in the intermediate or senior phase in combined schools.

#### 4.2.6 Reasons for schoolgirls' pregnancies

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

N = 138		Agree	Disagree	Uncertain	TOTAL
	<b>Possible reasons for pregnancy are:</b>				
2.1	Lack of knowledge about sexuality (e.g. incorrect / incomplete information obtained from peers / friends)	107 78%	24 17%	7% 5%	138 100%
2.2	Peer pressure (e.g. engaging in sexual activities to be accepted / conform)	134 98%	2 1%	2 1%	138 100%
2.3	To become independent (e.g. by having a baby adult status is attained)	86 62%	23 17%	29 21%	138 100%
2.4	Examples portrayed by the media (e.g. sexual conduct of movie / soapie stars on TV)	129 93%	4 3%	5 4%	138 100%
2.5	Early menarche (e.g. onset of menarche at younger age increases the risk of pregnancy)	59 43%	35 25%	44 32%	138 100%
2.6	Beliefs about fertility (e.g. falling pregnant proves fertility prior to a marriage)	83 60%	34 25%	21 15%	138 100%
2.7	Availability of contraceptives (e.g. schoolgirls empowered to get contraceptives)	97 70%	33 24%	8 6%	138 100%
2.8	Loneliness (e.g. participating in sexual activities to combat loneliness)	105 76%	18 13%	15 11%	138 100%
2.9	Risk-taking behaviour (e.g. drug use promotes irresponsible sex activities)	129 93%	5 4%	4 3%	138 100%
2.10	Role models (single mothers with successful careers)	60 44%	74 53%	4 3%	138 100%

#### **Knowledge about sexuality (2.1)**

The majority of the respondents (78%) in the research sample agreed that schoolgirls lack adequate knowledge about sexuality. According to Bezuidenhout (2004:34), sex is the topic that is least spoken about by members of a family. Teenagers who experience physiological and other changes often find it difficult to discuss these experiences with their parents

and / or siblings. In need of information, they turn to their peers for guidance or seek information from books, magazine articles, video material and the like. Not all information obtained from these sources is correct or satisfies the curiosity of the teenager. Although there are health clinics available to adolescents where they can obtain appropriate information on sexual matters, many do not use these facilities for fear of being identified as being sexually active. They do not approach such facilities because they believe incorrectly that health clinics are only for adult mothers and the sick. This increases the chances of experimenting sex, which more often than not leads to an unwanted pregnancy (cf. 2.2.3).

According to 17% of the respondents that partook in the research schoolgirls do have sufficient knowledge about sexuality issues which might be an indication that they have acquired proper sexual knowledge from parents, health workers, teachers, priests or the mass media (Kanku & Mash, 2010:564).

## **Peer pressure (2.2)**

Almost all the respondents (98%) that partook in the research believe that peer pressure plays a significant role in schoolgirl pregnancy. According to Van den Aardweg and Van den Aardweg (1990:166) peer groups seem to control areas such as dress style, music taste, recreation activities, dating customs and sexual practices. Mpanza (2006:36) points out that peer group pressure can be very strong as well as the desire to conform to be accepted. Although the peer group influence is usually beneficial anti-social behaviour like drug use and promiscuity often occurs in a group setting. Ferguson (2004:2) 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. 2.2.4; 2.2.8).

### **Independence (2.3)**

More than sixty percent (62%) of the respondents in the research sample indicated that in order to become independent the schoolgirl becomes pregnant. The adolescent schoolgirl strives for independence in making their own decisions about their behaviour and actions, they want to judge for themselves whose friendships they should cultivate, how late they stay out at night and their sexual activities (Gouws & Kruger, 1994:113). By falling pregnant the teenage schoolgirl perceives herself as independent concerning physical and sexual aspects. However, according to Mahjova (2002:27) the young schoolgirl often does not have the intellectual, moral and spiritual maturity to be able to handle and control her physical and sexual abilities as well as motherhood (cf. 2.2.2).

More than a fifth (21%) of the respondents indicated that they are uncertain about the statement that a schoolgirl falls pregnant to become independent. Possible reasons for the result are that the respondents in the research sample:

- ✓ do not have a clear understanding of the concept “independent” in the context of this study; and
- ✓ they cannot decide if being pregnant renders the schoolgirl independent or perhaps more dependent (for example she will need money and someone to care for the baby in order to complete her education).

The 17% of the respondents that did not agree with the statement possibly see the pregnant schoolgirl as becoming more dependent, for example loss of education, unemployment and thus relying on relatives to help care for the baby (Jewkes, 2007:3).



## **Media (2.4)**

The media plays a huge role in teenage pregnancy according to the majority of respondents as ninety-three percent (93%) agreed to this statement.

Bezuidenhout (2004:35) maintains that teenagers today have many more opportunities than before to view sexual activity on television. Sexually arousing material whether it is on film and / or in print or set to music is freely available and much of this information is presented outside of the context of the prescribed sexual norms of the society in which the teenager lives. This influences the teenager to internalise anti-social behaviour or to experiment with illicit sexual activity, with unwanted pregnancy as one of the likely outcomes (cf. 2.2.8).

## **Early menarche (2.5)**

The larger percentage (43%) of the respondents in the research sample agreed that early menarche can be a reason for schoolgirl pregnancy. While white females experience menarche at an earlier age than black females (Channing-Pearce & Solomon, 2001), more recent research (Buga *et al.*, 2006) indicates that the age of menarche is decreasing for both urban and rural black females. The implication of this is that sexual activity is likely to begin at an earlier age, with an earlier risk of unwanted pregnancy, given the presence of the other contributing factors already mentioned (Bezuidenhout, 2004:37) (cf. 2.2.10).

A quarter (25%) of the respondents does not view early menarche as a risk of schoolgirl pregnancy. Oni, Prinsloo, Nortje and Joubert (2005:55) give the mean age for semenarche and menarche as 15 years and 14 years respectively, while their research findings showed that the average age of first sexual intercourse was 15 years for males and sixteen years for females.

However, adequate knowledge of reproductive biology, early sexual relations and information on the access to contraceptive methods can prevent pregnancy amongst young teenagers (Plus News Global, 2007:2).

Close to a third (32%) of the respondents indicated that they are uncertain about whether the onset of menarche at a young age increases the risk of pregnancy. This result may possibly be attributed to:

- ✓ respondents' lack of knowledge about the onset of menarche and thus the ability to make an informed choice; and
- ✓ respondents' perceptions that girls are not sexually active at a young age.

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

Sixty percent (60%) of the participants in the research indicated that beliefs about fertility can be a reason for pregnancy amongst schoolgirls.

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. While some adolescents place a higher value on education and future economic success, there are those who value fertility more (cf. 2.2.5).

A quarter (25%) of the respondents that partook in the research disagreed with the statement that beliefs about fertility are a reason for schoolgirl pregnancy. 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).

A possible explanation why 15% of the respondents disagreed with the statement is that they might have felt that they did not have enough knowledge about it and thus not assured enough to make a decision.

### **Non-availability of contraceptives (2.7)**

The majority of the respondents (70%) that partook in the research believed that the non-availability of contraceptives is a reason for schoolgirl pregnancy. Most people's first sexual experience is unexpected, unplanned and usually quite unprotected (cf. 2.12.12).

According to the MRC (2009:9) there is a great deal of disinformation about sex and 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 people first engage in sexual intercourse without any contraceptive protection (cf. 2.2.12).

Nearly a quarter (24%) of the respondents said the availability of contraceptives is not 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.

### **Loneliness (2.8)**

More than seventy-six percent (76%) of the respondents that took part in the research sample agreed that loneliness is one of the factors that may result in pregnancy. Owing to unhappy circumstances at home, poor relationships, a low self-image and other reasons, many teenagers are socially isolated and

experience loneliness. By participating in sexual activity with the opposite sex, teenagers try to gain friendship to combat their loneliness. Such sexual activity often ends in an unwanted pregnancy (cf. 2.2.11).

The 13% of respondents that disagreed that the fear of loneliness is a reason for schoolgirl pregnancy and the 11% that were uncertain might be because they could not see the relevance between loneliness and a schoolgirl being pregnant.

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

The data reveal that the majority of respondents (93%) indicated that teenagers are risk-takers that may result in teenage pregnancy.

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)**

More than half (53%) of the respondents in the research sample 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 (Vandula, Maforah, Jewker & Jordaan, 2001:74):

- ✓ Poor socio-economic conditions.
- ✓ Child support grant.
- ✓ Pleasing a boyfriend.

- ✓ Lack of understanding of reproductive health and contraception.
- ✓ Coercion to have sex.

Children (schoolgirls) learn most readily from those who have vital meaning for them. Parents, educators, peers, etc. are recognised as persons the schoolgirl can count on and copy their behaviour, which often includes unacceptable sexual practices (cf. 2.2.13).

Forth-four percent (44%) of the respondents agreed with the statement and thus the importance of role models in a teenage girl's life. Domisse (2009:12) says that having a pregnant class-mate or friend may have a direct influence on a schoolgirl who then also becomes pregnant without knowing exactly what she is doing or what she wants.

#### 4.2.7 Consequences of schoolgirl pregnancy

Table 7: Frequency distribution according to the consequences of schoolgirl pregnancy

0	N = 138	Agree	Disagree	Uncertain	TOTAL
	<b>Consequences of schoolgirl pregnancy</b>				
3.1	They are often absent from school (e.g. to visit clinic, doctor or not feeling well)	129 95%	5 3%	4 2%	138 100%
3.2	Poor performance in schoolwork (e.g. homework not done, absent for tests / assessments)	99 72%	34 25%	5 3%	138 100%
3.3	Discrimination by educators (e.g. ignored and belittled in class)	52 38%	72 52%	14 10%	138 100%
3.4	Discrimination by learners (e.g. learners avoid them and call them names)	100 72%	25 18%	13 9%	138 100%
3.5	Drop out of school (e.g. must leave school to take care of the baby)	92 67%	35 25%	11 8%	138 100%
3.6	Inadequate knowledge about the facts of pregnancy (e.g. to follow a healthy diet)	109 80%	5 3%	24 17%	138 100%
3.7	Limited or no access to medical assistance during pregnancy (e.g. cannot afford medical care, clinics are not accessible)	119 86%	3 2%	16 12%	138 100%
3.8	Lack of support (e.g. inadequate financial sources or family support)	92 67%	41 30%	5 3%	138 100%
3.9	Rejection by parents (parents feel the girl has shamed the family)	121 87%	8 6%	9 7%	138 100%
3.10	An obscured future perspective (e.g. lack of proper education and thus limited or no job opportunities)	126 91%	5 4%	7 5%	138 100%

#### **Absenteeism (3.1)**

The majority of the respondents (95%) in the research sample agreed that pregnant schoolgirls are often absent from school in order to visit the clinic, or when they are not feeling well. In her research Beesham (2000:39) found that during their pregnancy schoolgirls are frequently absent because they felt

sick (nauseous or tired) or had to go to the clinic. In the later stages of their pregnancy 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)**

More than seventy percent of the respondents (72%) 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 from school. Being absent from school has a negative effect on the pregnant schoolgirl's work (cf. 3.1). Nash's (2002:153) investigation into schoolgirl pregnancy confirms deterioration in their academic achievement because they are unable to fully concentrate on their school work for the following reasons:

- ✓ The pregnant schoolgirl is concerned about the baby's birth.
- ✓ She worries about care for the baby.
- ✓ Being pregnant makes her feel tired and ill.

A quarter (25%) of the respondents, however, disagreed that pregnant schoolgirls perform poorly in their schoolwork. Possible reasons for this finding are that"

- ✓ The pregnant schoolgirl is able to cope with her schoolwork despite the challenges she faces of being pregnant.

- ✓ Educators understand a pregnant schoolgirl's situation and, for example, give her more time to complete assignments.
- ✓ A supportive family, boyfriend and professional counselling help the pregnant schoolgirl to deal with issues around her pregnancy and the demands of schooling.

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

Discrimination in the school situation means treating a learner less favourably than other learners are treated (cf. 2.3.5). More than half (52%) of the respondents in the research sample disagreed that educators discriminate against pregnant schoolgirls while nearly three quarters (72%) agreed that learners do discriminate against pregnant schoolgirls. According to Chang'ach (2012:3) learners often feel uneasy associating with a pregnant girl in their class. Boys may attack a pregnant girl verbally while girls dissociate themselves from her (2.3.5). They are called humiliating names while their peers exclude them from group activities.

Nearly forty percent (38%) of the respondents acknowledged that discrimination by educators does exist in their school situation. Mwaba (2000:32) says that pregnant schoolgirls are sometimes alienated in class by their educators. Pregnant schoolgirls are often barred from school excursions and functions and not allowed to catch up on lost schoolwork (cf. 2.3.5).

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

According to more than two-thirds (67%) of the respondents in the research sample pregnant schoolgirls drop out of school. Most pregnant schoolgirls cannot adequately do their school work because they are often absent when feeling ill or to visit a clinic and miss lessons, assignments and tests.



Without support schoolgirl mothers cannot cope with caring for a baby, attending school and doing her schoolwork well, and therefore often fail to complete their schooling. In most instances teenage mothers do not have the financial resources to continue with their education while raising a child (cf. 2.3.4).

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.

### **Knowledge about the facts of pregnancy (3.6)**

A quarter of the respondents (25%) indicated that pregnant schoolgirls do not drop out of school. The same reasons cited for respondents' disagreement that pregnant schoolgirls perform poorly in their schoolwork are also applicable to this finding (cf. Schoolwork, 3.2).

The majority of the respondents (80%) agreed that pregnant schoolgirls have inadequate knowledge about the facts of pregnancy. Adolescence (ages 10-19) is a transition period from childhood that includes sexual experimentation. Adolescents might consider themselves grown up and therefore matured enough to have sex, but they often lack knowledge about the consequences of unprotected sex as unwanted pregnancy and sexually transmitted infections including HIV / AIDS. In many cases pregnant schoolgirls do not reveal their health problems and tend not to use the free health care services they actually need. This may be due to lack of information about health problems associated with pregnancy and especially teenage pregnancy (cf. 2.3.2).

The seventeen percent (17%) of respondents that were uncertain possibly did not have enough knowledge concerning the statement to respond positively or negatively.

Just more than a tenth (11%) of the respondents expressed their uncertainty about a pregnant schoolgirl's access to medical assistance. These respondents possibly view the schoolgirl's pregnancy as a private issue and none of their concern.

### **Access to medical assistance during pregnancy (3.7)**

The majority of the respondents (86%) agreed that pregnant schoolgirls have limited or no access to medical assistance during pregnancy. Although antenatal care has been available to pregnant women without charge since 1994 pregnant schoolgirls are hesitant to make use of it (Varga, 2003:164). The embarrassment and discrimination pregnant teenagers often face when visiting a clinic prevent them from seeking care early in their pregnancy (cf. 2.3.2). Not all pregnant teenagers have access to health services for example, due to transport costs, and the quality of available health services may not be optimal.

### **Lack of support (3.8)**

A pregnancy can only be enjoyed if there is sufficient support for the young mother, for instance if she can prepare for the baby with her family's support, especially her mother and the baby's father. However, more than two thirds (67%) of the respondents who partook in the research indicated that pregnant schoolgirls do not receive the support needed during their pregnancy.

Possible reasons for this finding are (Richter, Norris & Ginsburg, 2007:123):

- ✓ One of the greatest barriers to assisting a pregnant schoolgirl is her fear and shame about talking to people who could help her, viz. family members, educators and health professionals.
- ✓ A schoolgirl who becomes pregnant is confused, not aware of her support options and worried about the response from parents, educators and others.
- ✓ Pregnant teenagers and their parents are often locked into silence by fear and shame, preventing them from providing support and from accessing available services.
- ✓ Staff at public health clinics are also sometimes subject to moral insensibility concerning teenage pregnancy with the result that pregnant teenagers experience this form of support as inaccessible.

Nearly a third (30%) of the respondents disagreed with the statement that pregnant schoolgirls do not have adequate support. This finding means that a number of pregnant schoolgirls do receive the support they need. According to Chigona and Chetty (2007:10) a pregnant schoolgirl needs access to adequate financial resources, support from her family and educators at school, and proper professional counselling on how to deal with parenting and schooling.

### **Rejection by parents (3.9)**

The majority of respondents (87%) indicated that pregnant schoolgirls are rejected by their parents. Parents feel the girl has shamed the family and she is a disappointment to them. They see the girl as a failure because she did

not meet their expectations; she might not have obtained good educational qualifications and thus have poor career prospects. Varga (2003:170) says a pregnant schoolgirl compromises her family's moral standing in the community which may lead to her rejection. In order to protect the 'good name of the family' termination of a pregnancy is seldom the schoolgirl's choice but the parents' decision (Panday *et al.*, 2009:25).

The presence of a pregnant schoolgirl in a family has also been associated with domestic violence and family disruptions. The pregnant teenager is often exposed to an anti-child culture in the parental home and faces rejection and a high frequency of emotional and physical abuse (Dietrich, 2003:35). Being pregnant renders the schoolgirl economically vulnerable and reliant on her parents or the father of the child and thus exposing her to negative trajectories.

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

Close to ninety percent (91 of the respondents in the research sample said that the future outlook of most pregnant schoolgirls is bleak. After the birth of the baby the schoolgirl has the responsibility of bringing up a child as well as the completion of her education. Schoolgirl mothers mostly face an obscured future because the possibility of furthering their studies, in order to qualify for good job opportunities, are often remote because of financial constraints and the responsibilities of motherhood (cf. 2.3.6).

Teenage 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

N = 138		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	137 99%	1 1%	0 0%	138 100%
4.2	A school policy relating to schoolgirl pregnancy	120 87%	18 13	0 0%	138 100%
4.3	Pregnancy policies are correctly implemented	91 66%	40 29%	7 5%	138 100%
4.4	Workshops on sexuality are regularly conducted for educators	71 52%	63 46%	4 2%	138 100%
4.5	A school nurse is available (e.g. to advise pregnant schoolgirls about pregnancy issues)	25 18%	108 78%	5 4	138 100%
4.6	A school counsellor is available (e.g. help pregnant learners with emotional problems)	33 24%	100 72%	5 4%	138 100%
4.7	Contraception methods are explained to learners (e.g. the use of condoms)	127 92	10 7%	1 1%	138 100%
4.8	Sexuality education is given to all the learners (e.g. use of contraceptives)	127 92%	10 7%	1 1%	138 100%
4.9	Special facilities for pregnant schoolgirls (e.g. to write exams)	117 85	21 15%	0 0%	138 100%
4.10	Special support programmes for pregnant schoolgirls (e.g. nutritional food at school)	44 32%	93 67%	1 1%	138 100%

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

Nearly one hundred percent (99%) of the respondents (138) that took part in the research said that a departmental policy on schoolgirl pregnancy is implemented correctly at their schools. It is recommended that the school policy and the code of conduct for learners make provision for managing learner pregnancy within the framework of this policy document (DoE, 2007:19):

- ✓ When it is evident that a learner is pregnant, the matter must be treated with great sensitivity and confidentiality.
- ✓ The learner must be considered to be a learner with special needs and has access to counselling by professionals of the Specialised Learner and Educator Support (SLES). The principal must manage and coordinate this process.
- ✓ In order to maintain confidentiality, the principal must report to the school governing body that a learner is pregnant, without necessarily divulging the learner's name.

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

The majority of respondents (87%) in the research sample indicated that a school policy relating to schoolgirl pregnancy is available at their schools. It is the responsibility of the school to protect the educational rights of pregnant and parenting students while providing an equitable, challenging and supportive learning environment. While it is invaluable to explore the responsibilities of the school, it is also worthwhile to consider the role of pregnancy and motherhood in the lives of adolescent females (cf. 2.3).

Policy effectiveness is, however, limited by the extent to which it is consistently implemented. Principals, educators and fellow learners must buy into the policy to reduce the risks that turn the pregnant girl away from the doors of learning (Bezuidenhout, 2008:41)..

### **Pregnant policies are correctly implemented (4.3)**

The larger percentage (66%) of the respondents in the research sample agreed 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 (Editor, 2008:2). 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 (4.4)**

More than half (52%) of the respondents said that workshops on sexuality are conducted on a regular basis at their schools. 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 (Varga, 2003:163).

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)**

Close to eighty percent (78%) of the respondents in the research sample indicated that no school nurse is available to advise pregnant schoolgirls. 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)**

Seventy-two percent (72%) of the respondents 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 stigma associated with schoolgirl pregnancy.
- ✓ Discrimination from society, educators and learners.
- ✓ Rejection by parents and other family members.
- ✓ Child care arrangements.
- ✓ Access to health services and child support grants.
- ✓ Parenting skills.

### **Contraception (4.7)**

More than ninety percent (92) of the respondents in the research sample agreed that contraception is explained to learners at their schools. According



to Marteleto and Lam (2008:355) adolescents have sufficient knowledge about contraception although gaps exist in the accuracy of their knowledge or skill regarding the correct use of contraception (cf. 2.2.12). Less than half (46%) of the teenagers reported using any form of contraception during their sexual début (MRC, 2009:34).

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

According to the majority of respondents (92%) 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 to Mukoma and Flisher (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 (85) 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 the learner before and during labour. Schools also make provision for pregnant schoolgirls to write final exams separately from other learners.

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

More than two-thirds (67%) of the respondents indicated 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 causes and consequences of schoolgirl pregnancy were organised in frequency tables to simplify the statistical analysis thereof. The frequencies of the responses were translated into percentages which were interpreted and commented on.

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 causes and consequences of schoolgirl pregnancy. Despite the availability and variety of methods of contraception many adolescent schoolgirls become pregnant in South Africa. The main cause of falling pregnant is having sex without any protection. There are various reasons why adolescent girls do not use any method of contraception. They did not expect to have intercourse and did not prepare for it, they prefer not to use it, they lack knowledge about contraception, have no access to it, are embarrassed to get contraceptives or fear that their parents will find out they are sexually active.

Health, educational, economic and social consequences can be related to falling pregnant and having a baby before finishing school. Health consequences of early childbearing are elevated risks of early childbearing, such as maternal and infant death, obstetric complications and low birth weight. School absenteeism, poor academic performance and dropout are results of a schoolgirl pregnancy. The latter also has economic consequences like poor job opportunities, increased dependency and

poverty. Pregnant schoolgirls are often stigmatised and discriminated against by society.

### 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 teenage pregnancy still remains alarmingly high. Primary causes for this is that teenagers use no method of contraception or the incorrect use thereof. Research has found that although 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 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; alcohol and drug use increases an adolescent's chances of unprotected sexual intercourse.

Another possible cause of adolescent 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 girls often feel pressure from their friends to engage in sexual activities as a means to gain peer group respect. The media, in particular television, also plays a significant role in the sexual activities of adolescents. Books, magazines, films, videos, and DVDs with explicit descriptions or scenes concerning sex are freely available. Teenagers read about sex in magazines or watch programmes with sex scenes on TV 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.

In developing countries like South Africa the health consequences of teenage pregnancy are higher than in developed countries. Health risks related to adolescent pregnancy are higher risks of maternal death and obstetrics complications, low birth weight and an elevated risk of infant mortality. Although antenatal care is available to all pregnant women without charge in South Africa the discrimination that pregnant teenagers often face within the health care system is a deterrent to seeking care early in their pregnancy.

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.

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

### **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 causes and consequences of pregnancy amongst schoolgirls.

### **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 138 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**

- ✓ Teenagers often fall pregnant deliberately because they hope this will provide a solution to their problems, real or imagined. A rebellious schoolgirl may intentionally fall pregnant because she seeks release from her frustration and anger by indulging in sexual activity (cf. 2.2.14).
- ✓ During adolescence the schoolgirl seeks to build a positive self-image. Schoolgirls who have constantly to prove their worth, or endure continuous ridicule or who experience an identity crisis, may seek attention outside the home. Such attention-seeking behaviour often ends in illicit sexual unions through which the teenager tries to provide his worthiness (cf. 2.2.6).
- ✓ There is often a discrepancy in what is conveyed about sex by the parents, religious leaders and teachers, and what is experienced by the schoolgirl in the community. In the midst of this confusion, schoolgirls resort to experimentation, which often causes pregnancy (2.2.8).



- ✓ Schoolgirls in predominantly black urban communities 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. 2.2.7).

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

The following represent some of the more relevant findings from the empirical study:

- ✓ Nearly all of the respondents (98%) said that peer pressure plays a significant role in schoolgirl pregnancy (cf. 2.2).
- ✓ The majority of the respondents (70%) confirmed that the availability of contraceptives has a negative effect on schoolgirls and encourages them to experiment with their sexual fantasies (2.7).
- ✓ More than ninety percent (93%) of the respondents in the research sample confirmed that pregnant schoolgirls are high risk-takers and their risk-taking behaviour results in mistakes which include pregnancy (2.9).
- ✓ Most of the respondents (72%) who participated in the study agreed that pregnant schoolgirls perform poorly in schoolwork (cf. 3.2).
- ✓ Seventy-two percent (72%) of the respondents agree that learners discriminate against pregnant schoolgirls by insulting and calling them names. Disengagement as a result of being bullied at school is said to be a common factor in many of the pregnant schoolgirls' lives (cf. 3.4).

- ✓ The majority of the respondents (67%) confirmed that pregnant schoolgirls do drop out of school (cf. 3.5).
- ✓ The majority (87%) of the respondents revealed that pregnant schoolgirls feel rejected by their parents. Parents feel that the girl has brought shame to the family, and is a disappointment to them (cf. 3.9).
- ✓ Ninety-one percent (91%) 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).
- ✓ Most of the respondents (87%) in the study revealed that a school policy relating to schoolgirl pregnancy is available in their respective schools (cf. 4.1).
- ✓ Only slightly more than a half (52%) of the respondents attended workshops on sexuality education on a regular basis in their schools (cf. 4.4).
- ✓ The majority of the respondents (78%) confirmed that school nurses are not available in their schools (cf. 4.5)
- ✓ More than ninety percent (92%) of the respondents confirmed that contraception is explained to the learners in their schools (cf. 4.7).
- ✓ The majority of the respondents (92%) revealed that sexuality education is given to all the learners (4.8).

## **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 effects of pregnancy on schoolgirls' lives.

### **5.4.1 Sexuality education**

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

To offer sex education in schools can be embarrassing for most educators, even if they did obtain training in this respect. If they 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. 2.2.3).

Inadequate sexuality education and information on sex can give rise to irresponsible teenage experimentation with sex (cf. 2.2.4). Unwanted schoolgirl pregnancies are on the increase as indicated by the high incidence of teenagers who have already had sexual intercourse. 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.

The high enrolment rates of adolescents in schools provide an important access point for school-based 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) 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 **Community intervention**

##### (1) Motivation

Research has shown that there is no single or magic solution for the problem of teenage pregnancy. Given the multiple levels of influence on the sexual behaviour of adolescents and the resultant pregnancies, single intervention strategies by a single sector of society will not solve the problem. What is required to address the problem of teenage pregnancy is a comprehensive approach that involves the home, school and community. Each one of these sectors should act within its own strength and establish cooperation with other sectors to create an integrated strategy that is required in achieving a common goal, namely addressing the problem of teenage pregnancy.

(2) The recommendations concerning involvement by the community are:

- ✓ Sport and recreation facilities should be established and maintained by the community to provide teenagers with recreation facilities where they can spend their free time and form healthy relationships.
- ✓ Communities should organise activities that target teenagers to discuss sexuality issues like contraception, unwanted pregnancies, abortion, STIs, etc.
- ✓ School governing bodies that represent the community in education should be trained to deal with the problems surrounding schoolgirl pregnancies.

#### 5.4.3 **Reproductive health clinics**

(1) Motivation

Schoolgirls should have access to medical services which include information on contraception and pre and postnatal care. Schoolgirls must be knowledgeable on methods of contraception. 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 health and their reproductive rights. Unwanted pregnancies can be prevented by contraceptives and the numerous consequences it might have on the schoolgirl and the family avoided.

(2) Recommendations

The recommendations are as follows:

- ✓ Health clinics must be easily accessible to the whole community. It is the right of every schoolgirl (woman) to have free access to information on / and services pertaining to contraception and pregnancy.
- ✓ 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 inform schoolgirls on skills on assertiveness.

#### 5.4.4 **Further research**

##### (1) Motivation

The study covered only black schoolgirl mothers in semi-urban and urban areas. The possibility exists that the life-world of a schoolgirl mother from other cultural groups and different areas of the country may be different.

##### (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.

## 5.5 **CRITICISMS**

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 (150) were returned a different picture might have emerged.

## **5.6 FINAL REMARKS**

The purpose of this study was to investigate the courses and consequences of pregnancy amongst schoolgirls. It is envisaged that the information from this research will be of value to the stakeholders concerning schoolgirl pregnancy.



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# **APPENDIX 'A'**

## **QUESTIONNAIRE**

## **APPENDIX 'B'**

**Letter requesting permission**

**To conduct research**

## **APPENDIX 'C'**

**Letter granting permission**

**To conduct research**



STRICTLY CONFIDENTIAL

# QUESTIONNAIRE

*An investigation into the  
high prevalence  
of schoolgirl pregnancy*

J J NDULI  
January 2012

## 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

1.1 My gender is		
		Code
Male		1
Female		2

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

1.3	My qualifications are	Code
	Academic qualification(s) (only. BA, M.Ed., etc	1
	Professional qualifications only (HDE, FDE, PTC, T4, etc.	2
	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
	0-5 years	1
	6-10 years	2
	11-15 years	3
	16-20 years	4
	21-25 years	5
	26-30 years	6
	More than 30 years	7

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

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

1.7 My school is classified as:		Code
Junior Primary		1
Senior Primary		2
Combined School		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 Availability of contraceptive (e.g. schoolgirls embarrassed to get contraceptives)				
2.8 Loneliness (e.g. participating in sexual activities to combat loneliness)				
2.9 Risk behaviour (e.g. drug use promotes irresponsible activities)				
2.10 Role models (single mothers with successful careers)				

### SECTION 3

#### CONSEQUENCES OF SCHOOLGIRL PREGNANCY

Consequences of schoolgirl pregnancy are:	Agree	Disagree	Uncertain
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 Inadequate knowledge about the facts of pregnancy (e.g. to follow a healthy diet)			
3.7 Limited or no access to medical assistance during pregnancy (e.g. cannot afford medical care, clinics are not accessible)			
3.8 Lack of support (e.g. inadequate financial sources or family support)			
3.9 Rejection by parents (e.g. parents feel the girl has shamed the family)			
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 condoms)				
4.8 Sexuality education is given to all the learners (e.g. use of contraceptives)				
4.9 Special facilities for pregnant schoolgirls (e.g. to write exams)				
4.10 Special support for pregnant schoolgirls (e.g. nutritional food at school)				