FACTORS CONTRIBUTING TO TEENAGE PREGNANCY IN KING CETSHWAYO DISTRICT SECONDARY SCHOOLS

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DEDICATION

This Master's dissertation is dedicated to my late father, **Selby Bongani "Magwabuzela" Hadebe**, my mother, **Regina Nonhlanhla Hadebe**, my brother, **Sbonelo Bertram "Boy" Hadebe**, and my sister, **Bridget Sibonisiwe Ntombenhle "Koeky" Hadebe**. This is for the love we shared as a family.

ETHICAL DECLARATION

I declare that this study "Factors Contributing to Teenage Pregnancy in King Cetshwayo District Secondary Schools" which is submitted to the University of Zululand in fulfillment of the academic requirements for the award of Master of Education (M.Ed.) degree is my original work. I also declare that the work has not been presented for the award of any degree at any other university. All the books and materials consulted in this research have been duly acknowledged.

Finally, no part of this study can be reproduced by any means without the prior permission of the author or University of Zululand.

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ABSTRACT

The ever-increasing rate of teenage pregnancy has become a major societal challenge, not only in South Africa, but universally. The same applies in King Cetshwayo district in KwaZulu-Natal. Teenage pregnancy has many causes, some of which are new, like the child support grant. The results of teenage pregnancy are destructive, and long-lasting. This has given the researcher an impetus to conduct this study, and investigate as to:

- What the factors are that contribute to teenage pregnancy in King Cetshwayo district secondary schools?
- Whether there is a relationship between family background and teenage pregnancy in King Cetshwayo district?
- What role can be played by educators in mitigating factors contributing to teenage pregnancy in King Cetshwayo district secondary schools?

This investigation was pursued with the aim of attaining practical and relevant solutions to this societal menace of teenage pregnancy. The quantitative method involving the use of questionnaires was used to extract data from 125 learners and 25 educators selected to partake in the study in King Cetshwayo district secondary schools.

The findings of the study based on the data collected through questionnaires revealed that:

- There are factors that contribute to teenage pregnancy in King Cetshwayo district secondary schools, some of which did not exist before.
- There is a relationship between family background and teenage pregnancy in King Cetshwayo district.
- Educators can play a crucial role in mitigating factors which contribute to teenage pregnancy in King Cetshwayo district secondary schools.

The key recommendations which emanated from this study, amongst others, were:

- There is a need for fully-fledged sexuality health education to be undertaken in schools.
- Contraceptives must be distributed in schools and learners be advised on their use.
- Poverty amongst the communities must be eradicated through women's skill development and education.
- Peer educator programmes in schools must be resuscitated.
- Sexuality health campaigns must be organised in schools.
- Sports and cultural activities in schools must be encouraged.
- In-house codes of conduct to manage learner pregnancy must be developed and implemented.

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- My study participants for the valuable information they gave me.
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CHAPTER ONE
INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 INTRODUCTION

Teenage pregnancy has become a universal societal challenge. All over the world 15 million women under the age of 20 give birth per annum (Malahlela & Chireshe, 2013). According to the United Nations Population Fund (2017), every day in developing countries 20 000 girls under the age of 18 gave birth. These figures excluded pregnancy, abortion and mortality statistics. In all, 7,3 million teenage births were recorded per annum in developing countries (UNFPA, 2017). South Africa is no exception to this challenge of teenage pregnancy. The rate of teenage pregnancy in South Africa has soared so high that an article was published in *The Times* (2011) titled "Teenage Pregnancy Tsunami." This painted a clear picture of the rate at which teenage pregnancy had risen. King Cetshwayo district in KwaZulu-Natal, where this study was based, faced the same challenge of ever-increasing teenage pregnancy. This was highlighted by the *Zululand Observer* (2011), which published an article about 30 girls being pregnant in one school. In her report to Parliament Basic Education Minister, Angie Motsekga (2017), cited that in 2015, 408 learners fell pregnant in KwaZulu-Natal, with pregnancies occurring to learners even in Grade 3. This again clearly showed how serious the challenge is of teenage pregnancy.

While there have been other reasons given for teenage pregnancy, it has been in most cases viewed by the society as a result of teenage negligence and risky behaviour. Other factors contributing to it were the social pressure and a need for self-affirmation. This was confirmed by the survey conducted by the Health Systems Trust (2014), which included 1500 girls between the ages of 15 and 24 who were interviewed. Bhana (2014) mentioned sexual offences as another cause of teenage pregnancy. MacLeod and Tracey (2010) cited risky youthful behaviour involving alcohol and substance abuse, which impaired teenager's ability to make decisions. The researcher believes that some pregnancies mostly occurred because of lack of information. Teenagers fell pregnant

because they lacked information about sexual health and contraceptives. Thobejane (2015) and UNFPA (2017) testified on this, and stated that most teenagers fell pregnant because they had little or no access to information about sexual health and other health care. It is the responsibility of the government to empower youth with this knowledge.

When a teenager falls pregnant her life is severely disrupted. This also affects the society. Bhengu (2016) concurred with this: she said that a pregnant teenager's life changes drastically, as her education and job prospects end abruptly. With no education and no prospect of getting a job, the teenager is doomed to poverty, poor health and dependency on the state. Adolf (2015) stated that this dire situation also engulfed her children, a fate especially prevalent among girls in black communities.

Teenage pregnancy infringes teenage human and constitutional rights. According to the International Human Rights Bill (1948), access to education is a basic human right. In South Africa the South African Constitution Act (No. 80 of 2006) states that everyone has a right to basic education, which is what teenage pregnancy deprives these teenagers of. Teenage pregnancy also deprives these teenagers of their right to health. This occurred when they are deprived of access to sexual health education, contraceptives and advice about contraceptives. This exacerbated the failure to achieve goal 4 of the United Nations Millennium goals which is about the reduction of child mortality.

Having noted the above causes of teenage pregnancy and its consequences, the researcher has pursued the study on factors contributing to secondary school learner pregnancy in King Cetshwayo district. The district has tried to curb teenage pregnancy through campaigns like Love Life, Soul Buddies Dual Protection and DramAidE, but in vain. This study has attempted to highlight the necessary approach and solutions in fighting teenage pregnancy in King Cetshwayo district.

1.2 BACKGROUND TO THE STUDY

Each year about one million teenage girls worldwide under the age of 19 become pregnant. Of this number, 600 000 gave birth and the rest obtained abortions (Sadock & Sadock, 1998). Most of these abortions in developing countries were illegal. Malahlela and Chireshe (2013) stated that the number of teenagers who have sexual intercourse is increasing. Sadock and Sadock (1998) stated that pregnancy rates for girls 15 to 19 years old were higher for blacks than for whites. South Africa as a developing country is no exception to this scourge; nor is King Cetshwayo district, which recorded 465 teenage pregnancies in 2015 (Health Systems Trust, 2015). Mpanza (2006) stated that teenage pregnancies were increasing in number each year, and occurring at younger ages than before. In his study, Singh (2005) calls for the tackling of the issue of teenage sexuality as a matter of urgency because peer pressure and the mass media make sexual activity attractive to teenagers. Singh (2005) states that teenagers must be equipped with accurate information to enhance their understanding and responsibility towards their sexual behaviour.

Studies by Kemper (2013), Younge (2014) and Solomon (2014) have examined different factors contributing to teenage pregnancy in South Africa. These studies came to the conclusion that for the teenage pregnancy rate to reduce, the collaboration of different stakeholders must be sought: that is, the government departments, non-governmental organizations, the religious sector, community leaders, parents and learners, among others (Tsebe, 2012).

In a bid to address this problem, the South African government introduced various programs as mentioned previously such as My Life, My Future, Love Life and *Zazi* to sensitize and empower women about contraceptive use and other issues related to sexual and reproductive health. These have not made much impact as teenage pregnancy is increasing daily. Han and Bennish (2009) pointed to the South African Children's Act (Act No 3 of 2007), which gives new rights to children of 12 years and older with regard to reproductive health information, access to contraceptives, information on sexuality and

reproduction, and the right of consent to HIV/AIDS testing and treatment, as one reason why teenage pregnancy is on the high side in the country. This Act also grants individual public schools a right to decide whether to distribute condoms or not. The key aim of this Act is to try and prevent teenage pregnancy and the spread of HIV/AIDS. Educators' ignorance of this Act and their moral beliefs have impeded its implementation, and the distribution of condoms in schools. This has led to the escalation of teenage pregnancy.

The researcher became interested in this study having noted that conditions under which teenage pregnancy occur differ from one demographic background to another. The study thus investigated the unique factors contributing to teenage pregnancy within King Cetshwayo district with the aim of finding relevant and practical solutions to this societal problem. The study determined whether there is a relationship between family background and teenage pregnancy within King Cetshwayo district secondary schools. Lastly, the study explored the role that can be played by educators in mitigating factors which contribute to teenage pregnancy in these schools. The study was conducted in five schools selected in Umfolozi and Umhlathuze circuits because of the high rate of teenage pregnancy among the students in these locations.

1.3 PRELIMINARY LITERATURE REVIEW

Various literature has been reviewed as part of the study of factors contributing to teenage pregnancy in King Cetshwayo district. According to Kumar (2014), the review of literature is relevant in a research study, so that the researcher will

- Familiarize himself with the available body of knowledge on the topic.
- Familiarize himself with the authorities in the field being researched.
- Be able to establish a link between what the researcher proposes to study and what has been studied already.
- Will learn how his findings will contribute to the existing body of knowledge.

With regard to this study, preliminary literature reviewed by the researcher paid attention to the rate and trends of teenage pregnancy in South Africa, factors contributing to teenage pregnancy, consequences of teenage pregnancy, roles that can be played by different stakeholders in addressing the problem of teenage pregnancy, and the role that can be played by policy in mitigating factors contributing to teenage pregnancy.

1.4 THEORETICAL FRAMEWORK

The study was based on three theoretical frameworks namely: Albert Bandura's observational learning theory, Karl Marx's social conflict theory, and Bronfenbrenner's ecological models of human developments theory. These theories complimenting each other, are elaborated on in detail in Chapter Two of this study. The study was based in particular on Bronfenbrenner's ecological models of human developments theory.

1.5 STATEMENT OF THE PROBLEM

As stated above, teenage pregnancy has become a major problem in the world at large, in South Africa, and in King Cetshwayo district. In spite of the means to contain it, it has increased, with pregnancies occurring even among primary school learners. Teenage pregnancy defeated the noble aim of education and preparation of learners to be efficient members of the society actively contributing to its development. Teenage pregnancy culminates with learner dropout and women's in educability. Schools have been reduced to hubs of childbearing.

The thrust of this study has been to find out what factors in a diverse context contribute to learner pregnancy in King Cetshwayo district secondary schools like poverty, inadequate sex education dysfunctional families and peer group pressure. In dealing with this concern the researcher came up with the following research objectives and questions.

1.6 OBJECTIVES OF THE STUDY

The objectives of the study emanated from the problem statement. They clearly stated what the study wanted to achieve. The objectives of the study were as follows:

- To explore the factors that contribute to teenage pregnancy in King Cetshwayo district secondary schools.
- To determine whether there is a relationship between family background and teenage pregnancy at the secondary schools in King Cetshwayo district.
- To explore the role played by educators in mitigating factors that contribute to teenage pregnancy in King Cetshwayo district secondary schools.

1.7 RESEARCH QUESTIONS

- What are the factors that contribute to teenage pregnancy within King Cetshwayo district secondary schools?
- Is there a relationship between family background and teenage pregnancy among learners at secondary schools in King Cetshwayo district?
- What role do educators play in mitigating factors contributing to teenage pregnancy in King Cetshwayo district secondary schools?

1.8 OPERATIONAL DEFINITION OF TERMS

For this study the key terms that have been used are as follows:

Teenage pregnancy: Segen's Medical Dictionary (2012) defines teenage pregnancy as the pregnancy by a female of the age 13 to 19 years who hasn't completed her core education (secondary school education), has few or no marketable skills, is financially dependent upon her parents, lives with her parents and is mentally immature. In everyday terms teenage pregnancy refers to pregnancy by a woman who hasn't reached legal adulthood.

Learner: Mnguni (2012) refers to a learner as any person receiving basic education. Concurring with Mnguni (2012), in this study a learner will be a child attending school from grade 1 to 12.

Teenager: A teenager is defined by Melita (2012) as a young person who is going through the developmental stage of adolescence and who is still at school.

Educator: According to the National Education Policy Act 27 of 1996 an educator is any person who teaches, educates or trains other persons in an education institution or assist in rendering education services or support services. For this study an educator referred to a person teaching learners from grade 8 to grade 12.

Adolescent: Eberson, Gouws, Lewis and Theron (2015) define adolescence as a developmental phase in a human life cycle that is situated between childhood and adulthood, thus an adolescent is a human being that is living his or her life in the phase between childhood and adulthood.

1.9 RESEARCH DESIGN AND METHODOLOGY

The approach of this study was quantitative. Kumar (2014) defines quantitative research as the type of research that follows a non-flexible and structured approach of enquiry. The researcher chose this approach simply because the study had 150 participants. This involved a huge amount of information to be dealt with. Through quantitative research this could easily be analyzed, summarized and compared across different categories with great accuracy. Kumar (2014) states that quantitative research is more reliable and objective. This means that the personal views of the researcher will only minimally influence the study.

1.9.1 Sampling design

For this study purposive sampling was used. Kumar (2014) defines purposive sampling as judgmental sampling, which involves the researcher's judgment in selecting the samples of individuals who can provide the best information for the study. Sampling design leads to the selection of the study population, who will be the individuals who will

provide the best information about the factors contributing to teenage pregnancy in King Cetshwayo district secondary schools.

1.9.2 Study population

Kumar (2014) defines the study population as the total of all possible participants that meet the specifications of the researcher from whom research results can be generalized. In this study, the study population was Grade 10 and 12 learners aged 15 to 19, educators and the principals or the deputy principals as school management team (SMT) members from the five selected high schools in the Umhlathuze and Umfolozi circuits. From the study population a research sample was be chosen.

1.9.3 Research sample

A research sample can be defined as a portion or subset of the study population selected to partake in the study (Behr, 1983). The sample represents a research population. In this study, the sample consisted of 125 learners who have had consent forms submitted from the five schools. These learners were aged between 15 to 19. The research sample also included 25 educators from the five schools learners came from.

1.10 DATA COLLECTION METHOD

The philosophy of rationalism was key in the collection of data for this quantitative study. A research questionnaire was be filled in by educators and learners. Through open-ended questions research participants were afforded an opportunity to elaborate unconstrained by any perspectives of the researcher on the topic (Creswell, 2012). Open-ended questions also afforded research participants a chance to elaborate on closed-ended questions that gave different types of information for the study (Kumar, 2014)

1.11 DATA ANALYSIS

Quantitative data from the study was analyzed through a descriptive statistical analysis procedure. The researcher identified levels or scales of measurements which included frequencies, percentages and means. Data was coded so that meaning was deduced from data. Descriptive statistics was then employed to summarize and describe data. The SPSS software programme was used to aid with the analysis of data.

1.12 DELIMITATION OF THE STUDY

The study was based in King Cetshwayo district in KwaZulu-Natal, formerly known as uThungulu District. The researcher chose King Cetshwayo district because it has secondary schools in rural, urban and peri-urban areas. The district is also blessed with industries and a harbour which has influence on the problem of learner pregnancy, which is one of the challenges the district is experiencing. This provided the researcher with different settings for data collection. King Cetshwayo district is made up of five circuits: Umhlathuze, Umlalazi, Umfolozi, Nkandla, and Mthonjaneni. The study focused on schools in the Umhlathuze and Umfolozi circuits, namely: Manqamu, Mkhayideni, Dlamvuzo, Mbuyiseni and Masakhane Secondary Schools.

1.13 INTENDED CONTRIBUTION TO THE BODY OF KNOWLEDGE

This study made a significant contribution to the relevant literature in providing more information about the factors that contribute to the high rate of teenage pregnancy among school-age adolescents in King Cetshwayo district and South Africa at large.

The research also added to the body of knowledge about issues of sexual education in South African schools, and how it affects teenage pregnancy among school-age adolescents with a focus to King Cetshwayo district. Furthermore, the study contributed to the dialogue among the stakeholders in education about the issue of sexual education

and how to further sensitize and empower young people against teenage pregnancy and HIV/AIDS.

Finally, the findings of the study assisted the government, teachers, the SMTs and the Health Department in understanding how to deal through policy and practice with the escalating rate of teenage pregnancy in South African schools.

1.14 STRUCTURE OF THE STUDY

Chapter One: Focused mainly on the introduction and background to the study. It also explained clearly the nature of the problem, the objectives and research questions set for the study, the contribution of the study to knowledge, and the structure of the research programme.

Chapter Two: Reviewed relevant literature covering the relationship between family background and teenage pregnancy, sexual education, teenage pregnancy and factors contributing to it, and challenges facing the educators in mitigating the menace.

Chapter Three: Dealt with the methodology employed in the study, the research design and population, sample and sampling techniques, and the method of data analysis.

Chapter Four: Presented the result of the quantitative data gathered through questionnaires. The demographic data of the participants were analysed quantitatively and presented in tables and graphs, followed by short explanations of the results of each table.

Chapter Five: Presented the summary of the study, conclusions, and recommendations for policy makers and practitioners on the issues pertaining to the sexual education and teenage pregnancy as raised in the study.

1.15 ETHICAL CONSIDERATIONS

Gregory (2003) explains ethical considerations as an assessment based on "moral" values of course of action directed by an individual social, cultural values and experiences. This means that if we consider ethics for a study we look at what the society considers to be

right or wrong in conducting the study. We want to make sure that in pursuing the study no harm will befall study participants .A researcher with each and every study requires an ethical justification which proves that there will be no harm done to the participants during the process. Some writers for example, Gregory (2003), Hammersley and Traianou (2012) attest to the undertaking that there should be no harm to the respondents. Besides that, the respondents should know the purpose of the study, and be given guarantees of confidentiality in the research. Participants must be made aware that their involvement in the research is voluntary, and that they may withdraw at any time if they feel like doing so.

For this study too, all ethical issues were considered so that the investigation did not harm anyone, but explored the factors contributing to secondary school learners' pregnancy in King Cetshwayo district. According to Gregory (2003), in social research and in communication research, ethical considerations can be broadly classified under two main headings, namely: the protection of the rights of human subjects, and the ethics of writing. In other words, a research project should conform to moral, ethical and legal standards of scientific inquiry. For this study the researcher complied with the following research principles: the right to privacy, the right to maintain self-respect and human dignity, confidentiality, anonymity and protection from the potential misuse of research findings.

1.16 SUMMARY

This chapter has outlined the elements of the research study that follows, namely: the research problem, research objectives and research questions, the background of the study, the research design, the methodology and the key terminology used in the study. The following chapter will focus on literature review, theories and philosophies underpinning the study to name the few.

CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

Chapter 1 presented the introduction of the study on factors contributing to teenage pregnancy in King Cetshwayo district secondary schools. In this chapter a literature review on the topic is presented. The literature reviewed shed some light on the problem investigated. Literature reviewed had two major objectives, to establish a link between existing knowledge and research problem being investigated, to provide helpful information about methodology that can be incorporated into the study. The problem of teenage pregnancy in schools has never received the attention it deserves which impacted negatively to the academic performance of learners concerned. This called for this chapter to report on relevant literature on the factors contributing to teenage pregnancy in King Cetshwayo District secondary schools. Furthermore the reviewed literature was important in order to widen the focus of knowledge and to enable the researcher to make inferences and assumptions on the subject. This chapter threw more light on the rate and trends of teenage pregnancy in South Africa and other countries with a similar situation. Tsebe (2012) and Kumar (2014) state that a literature review is about going through the existing literature, i.e. books, journals and theses that are relevant to the research topic so that the researcher will be able to:

- Familiarise himself with the available body of knowledge on the topic.
- Familiarise himself with the scholars/researchers in the field.
- Establish a link between what the researcher intends to do and what has been done previously.
- Learn how his findings in the study will contribute to the existing body of knowledge on the topic.

The review of related literature in this study, therefore, was done to reveal the level of teenage pregnancy in King Cetshwayo District. It also sought to determine whether there was a relationship between family background and teenage pregnancy, as well as the role

which can be played by educators in mitigating factors that contributed to teenage pregnancy with a view to finding possible solutions to the menace.

2.2 CONCEPTUALISING TEENAGE PREGNANCY

Ramaswamy (2016) defines pregnancy as "a condition where a female or woman has a developing child in her womb". Myles (1993) mentions different types of pregnancies like intra-uterine pregnancy, singlet pregnancy and multiple pregnancy. One type of pregnancy that is prevalent in today's society is teenage pregnancy (Malahlela & Chireshe, 2013). According to Sadock and Sadock (1998), teenage pregnancy can be defined as the pregnancy which involves adolescents who fall pregnant as early as 15 to 19 years of age. *Segens Medical Dictionary* (2012) defines teenage pregnancy as the pregnancy occurring in a female aged 13 to 19 who has not completed her core education, has few or no marketable skills, is financially dependent on her parents, lives with her parents and is mentally immature. Vukapi (2012) states that teenage pregnancy is the pregnancy of an unmarried woman under the age of 19.

Reconceptualization of teenage pregnancy was important in this study since teenage pregnancy has assumed different dimensions in the twenty-first century from those in the late nineteenth century. Odejimi and Bellingham-Young (2016) avows that current conditions and attitudes about teenage pregnancy emanate from the past. The industrial revolution destroyed the institution of marriage when young girls moved from rural to urban areas in search of employment. This led to an increase in teenage pregnancy, which was perceived to be sexual delinquency, and a moral problem. Later, teenage pregnancy was seen to be a health problem, hence the introduction of sexual health education and contraceptives as a means to avert pregnancy. In the twentieth century teenage pregnancy was seen as an economic liability to the society because of the rate at which it escalated, and the early age at which it occurred. Teenage mothers were seen as perpetrators of poverty. Hades (2016) states that in South Africa teenage pregnancy has massively increased, with 330 teenagers out of 1 000 under the age of 19 reported to be pregnant, and with 50% of these pregnancies being unplanned or unwanted. This makes teenage

pregnancy a social problem needing special attention in South Africa if this country is to achieve its national development goals. The World Health Organisation (2009) states that teenage pregnancy is not only a major social problem affecting young girls, but touches every aspect of the society, and results in poverty, crime and a direct financial burden to the society.

Vukapi (2016) categorises teenage pregnancy as unplanned (not wanted) and planned (wanted). Myles (2012) states that in a morally correct society pregnancy is to occur under the auspices of marriage between mature people. This makes all teenage pregnancies unplanned, not wanted and immoral (which is surely untrue). In this study, teenage pregnancies were categorised as planned and unplanned.

Vukapi (2016) says that while teenage pregnancies are immoral, they also happen for a number of reasons, including the culture of consumerism, where sex has been used by women as a commodity to get money and material things, which is referred to as transactional sex. According to Vukapi (2016) intergenerational relationships also account for unplanned teenage pregnancies. Teenagers get involved with "sugar daddies" in return for financial favours. The age gap in these relationships leads teenagers to submit to sexual conditions defined by these old men which involve sex without condoms; thus they end up with unplanned pregnancies, and HIV and AIDS.

Planned teenage pregnancies are the result of deliberate disregard of the use of contraceptives. According to Vukapi (2016), condoms appear to be the most common, accessible prevention method used by teenagers to avert unplanned pregnancies and HIV and AIDS infection. A study conducted by MacPhail and Campbell (2001) on condom use by adolescents indicated that adolescents were ignorant of the major role played by condoms in preventing unwanted pregnancies and the spread of HIV and AIDS. Teenagers were casual about condom use. Participants in the study did not see the need for condoms in a steady relationship, thus becoming vulnerable to pregnancies and HIV/ AIDS.

Planned teenage pregnancies have often occurred because teenagers wanted to secure the child support grant Makiwane, Richter and Udjo (2010). (Kubheka, 2013) concurs with Makiwane *et al.*, (2010) and state that teenagers deliberately enter into relationships where contraceptives are ignored so that they become pregnant, and secure more social grants and financial favours from sexual partners.

Kogan (2013) states that teenage pregnancy is responsible for poor development of teenagers' mental capacity. According to him the girl's brain does not reach full maturity until the mid-20s, or on average the age of 25. When teenage pregnancy occurs, the front lobe of the brain responsible for decision making gets affected. This makes young people poor decision makers on crucial matters like using contraceptives and practising safe sex. This results in multiple pregnancies and the spread of HIV/AIDS.

Teenage pregnancy has further been a result of the misconception that for males who are infected with HIV/AIDS, sex with a virgin will cure them (Zulu, 2007). This has increased the rape of babies and young girls in black communities.

Teenage pregnancy has illuminated the division in South African society. The pregnancy rate is higher in black communities than in white (Ramulumo & Pitsoe, 2013). Ramulumo and Pitsoe state that teenage pregnancy is rife in poorly resourced schools in poor neighbourhoods, and in schools where the ages are mixed. These are where most black communities are found.

2.3 PHILOSOPHIES UNDERPINNING THE STUDY

The philosophy of education is the philosophy that aims at solving educational problems (Bhandari, 2014). In this study it was learner pregnancy. Bhandari argues that to facilitate the solving of educational problems the philosophy of education will bring forth the following:

- The aims that must be achieved with education.

- Understanding of human nature (teenagers) which will facilitate the solving of the problem.
- Educational values.

Dewey as cited by Ozmon and Craver (2008), argues that the philosophy of education helps with preparation of the young generation to face and solve the challenges of modern times. This means that teenagers are to play an active role in solving the menace of teenage pregnancy.

There are various, philosophies of education: perennialism, progressivism, reconstructionism, positivism, pragmatism and behaviourism, to name a few. In this study, pragmatism and behaviourism will be used to try to understand the scourge of learner pregnancy.

2.3.1 Philosophical aspects of pragmatism

The educational philosophy of pragmatism John Dewey subscribes to is also referred to as experimentalist philosophy (Ornstein & Levine, 1984). Ozmon and Craver (2008) state that Dewey and other pragmatists regarded education as a necessity for life because it facilitates the solving of problems people encounter in life. According to Ornstein and Levine (1984), Dewey's work is based on Charles Darwin's theory of evolution with the key words "organism" and "environment" being part of his work. This means that human beings live in an environment consisting of peers, family, school and animals, and these elements influence human life. Elements of the human environment lead to problems like teenage pregnancy. Challenges experienced threaten the continued existence of the human (Ornstein & Levine, 1984). It is vital for the human being to be able to solve such problems, and this can be done through experience (Ornstein & Levine, 1984). Dewey, as cited by Ornstein and Levine (1984), defines experience as the interaction of the human with his or her environment; through this interaction, experience to solve problems, which is called education, results. This means that teenage pregnancy will occur as humans encounter their immediate environment. Through this encounter, knowledge to solve the problem of teenage pregnancy will also be generated, which is called education

(experience). Dewey, as cited by Ornstein and Levine (1984), says that the test of experience (education) will be based on its ability to solve challenges such as teenage pregnancy.

Ornstein and Levine (1984) state that just as a human being changes, so does his/her interaction with his/her immediate environment, and the challenges he/she experiences. The teenagers of 2017 are different from those of 1980; so is the environment. This means that experience (education) to solve the encountered problem needs to change. As people face new challenges through encounters with their environment, education must be up to date to provide relevant solutions. With teenage pregnancy, educating teenagers on new methods of contraception can be the solution. This means that experience (education) must always be verified and reconstructed for its relevance. Ornstein and Levine (1984) state that for pragmatist's knowledge is tentative and subject to revision.

Ozmon and Craven (2008) aver that education must bring growth to the society. They say that education characterised with development goes hand in hand with a democracy, and should lead to a prosperous society. This is different in South Africa. Education here has not yet resulted in development, but to many challenges, one of which is teenage pregnancy, owing to the lax management of learner pregnancy through policies like Measures for the Prevention and Management of Learner Pregnancy in Schools (2007), and lack of sexual health education.

Pragmatists stress the importance of the school as an institution of formal learning which is where information to solve problems may come from disciplines like science, technology and sociology (Ornstein & Levine, 1985). Pragmatists see a school as an institution extending the social environment, through which the individual's need to participate fully in the society are satisfied (Ornstein & Levine, 1985).

Pragmatists see teaching and learning as a process of constructing experience (education) according to the environment, which will then be cascaded to learners in groups or

individually in problem-solving methods. The educator will act as a director or facilitator of the child's problem-solving learning (Ornstein & Levine, 1985).

Ozmon and Craven (2008) concur with Ornstein and Levine (1985) that pragmatists believe children learn to solve real-life problems through real-life situations. This means that for teenage pregnancy to be solved it must be experienced in real life. That is experimentation or learning through experience.

Ozmon and Craven (2008) state that according to pragmatists, society and social life provide informal education for learners. This is education provided at home. Teachers provide formal education, which is cascaded formally to ensure a continuation of the society (Ozmon & Craven, 2008).

Pragmatists differentiate between education and training (Ozmon & Craven, 2008). The education process involves inculcating understanding and intelligent action by the teacher in teenagers. It is through the understanding of the scourge of teenage pregnancy that a solution to it will be found. Teenage learners are the ones who are to play an active role in their learning and the solving of the problem.

Pragmatists believe that children have an innate motivation to learn (Ornstein & Levine, 1985). The teacher as a guide has the responsibility to harness this motivation to further the aims of education, and create a proper learning environment. Through this innate motivation to learn teenage pregnancy can be fought.

2.3.2 Philosophical aspects of behaviourism

The study of human nature is an important aspect of the philosophy of education. This can be done through genuine observation of human behaviour. Humans behave the way they do because their behaviour is influenced and reinforced by environmental contingencies (family, peers, religion and social influence) (Ozmon & Craven 2008). This means that if a teenager gets pregnant there is an environmental contingency that has

influenced her, such as seeing other pregnant learners attending school, or watching TV shows that glamourize teenage pregnancy.

According to Skinner, the educational philosopher, as cited by Ozmon and Craven (2008), to solve the problem by punishment (expelling pregnant learners) might not help, but tackling the environmental root of the problem can do so, by ensuring that the youth do not watch those TV shows, and that parents communicate with teenagers about sex. Carl Rogers, the educational philosopher, as cited by McLeod (2014), presented a different dimension to the work of Skinner. He stated that human beings, inasmuch as they are influenced by environmental contingencies, are at liberty to exercise responsible choice in response to that influence. Human beings do not respond to their environment in a predetermined way. In seeing a pregnant teenager at school a teenager is not predetermined to become pregnant herself, but she is at liberty to act in a responsible manner and ensure that she does not fall pregnant.

The social environment (culture, ideas, beliefs, norms and values) also influences behaviour (Ozmon & Craven, 2008). Human behaviour expresses the ideas and values and culture of our immediate society. We are a reflection of how our immediate society is. As the culture evolves, so does human behaviour. If a teenager grows up in a society with decaying moral values, that will be reflected in his/her behaviour. If the society has a culture of drug abuse, rape and domestic violence, that is going to be a fertile ground for teenage pregnancy. When culture evolves it must be good to bear good results. This can happen if that culture is preserved and cascaded through the education process (Ozmon & Craven, 2008). It can thus influence good behaviour.

The aim of behaviourism is to change behaviour so that good behaviour is displayed (Ozmon & Craven, 2008). In this study, it is contended that learner pregnancy must be changed and replaced with academic excellence. This can be achieved through education by conditioning teenagers (Ozmon & Craven 2008). According to behaviourists, teenagers come to school already negatively conditioned by environmental forces (parents, siblings, peers and TV shows) (Morsy & Rothstein, 2015). According to

Skinner, as cited by Ozmon and Craven (2008), this wrong conditioning must be replaced by systematic and meaningful conditioning, which is education. Educators thus have the responsibility of deciding how teenagers will be meaningfully conditioned using effective methods and reinforcements so that pregnancy is minimised. This can be achieved through a step-by-step sexual education, academic achievement rewards and reinforcements. This will entrench good behaviour.

Skinner, as cited by Ozmon and Craven (2008), states that if proper conditioning of teenagers for positive behaviour is to happen, environmental forces must also be directed in order to exert a positive influence on teenagers (Ozmon & Craven, 2008). Television must not show programmes that will promote teenage pregnancy. Parents must display morally correct behaviour to teenagers, and communicate with them.

Ozmon and Craven (2008) state that educators use behavioural techniques all the time, even though they are not aware of them, to reinforce the good behaviour of students. This means that they condition their students daily in everyday classroom encounters. Ozmon and Craven (2008) say that this happens through grading students, and gestures that acknowledge good performance. However, they see the conditioning at that stage as ineffective because it is random, and not reinforced by other educators. To mitigate factors that contribute to teenage pregnancy educators must clearly state the goal that has to be achieved, such as no learner pregnancy during the first quarter. This goal must be known and owned by everyone, including the teenagers. If the desired behaviour, is to be attained, educators must reward it. This can be done through organising a trip for teenagers. Conditioning will be effective in this way.

2.4 THEORETICAL PERSPECTIVE BEHIND THE STUDY

A literature review must present the theoretical framework which forms the basis of the study (Kumar, 2014). Swanson (2013) describes the theoretical framework as a well-established principle that has been developed to explain a phenomenon found in the natural world, like teenage pregnancy in this study. She states that a theoretical

framework arises from what has been observed about the phenomenon, and the testing of aspects of it. It also includes facts, laws, predictions and assumptions that have been widely accepted about a phenomenon, which in this study is teenage pregnancy.

Several theories can be cited to explain the phenomenon of teenage pregnancy, and the factors that contribute to it, such as whether there is a relationship between family background and teenage pregnancy. Theories can also be made to determine if there is a role that can be played by educators in mitigating factors which contribute to teenage pregnancy.

For this study the following theories have been found useful;

1. Albert Bandura's observational learning theory.
2. Karl Marx's social conflict theory.
3. Bronfenbrenner

The researcher used the above named theories in this study to:

1. Facilitate an in-depth exploration of the questions of the study.
2. To provide answers to the questions of the study.
3. Theories complement each other.

The study on factors contributing to teenage pregnancy in King Cetshwayo District secondary schools is grounded on the social theory constituted by Bronfenbrenner's ecological model of human development. The researcher has chosen this theoretical framework for this study because according to Kendra (2013):

- It connects the researcher with the existing body of knowledge on teenage pregnancy provincially, nationally and internationally.
- It explains the meaning, nature and challenges associated with the phenomenon so that knowledge attained can be used to find relevant and practical solutions to minimise the challenge. It is thus through a theoretical framework that research is guided and its ideas are organised so that there is meaning in the study and practical results are attained. For this study, recommendations to minimise teenage pregnancy are put forward through the use of a theoretical framework.

2.4.1 Albert Bandura's observational learning theory

This theory is also referred to as a modelling theory or social learning theory (McLeod, 2016). Bandura (1977) states that behaviour is learned from the environment people get exposed to through the process of observational learning. In this study, the learned behaviour is teenage pregnancy, which is cascaded to other teenagers through the process of observational learning. Lumen Boundless Psychology (2017) states that for observational learning to happen there are activities that should happen, which are watching, reading and replicating. According to the South African Department of Education's *Measures for the prevention and management of learner pregnancy* (2007), pregnant teenagers are not to be deprived of an opportunity of getting education. In practice they come to school pregnant until they leave to give birth. This creates an opportunity for watching, retaining and replicating for other teenagers. Pregnant teenagers become "models" performing the illicit behaviour (pregnancy) which is learned by other teenagers. McLeod (2016) states that modelling can increase or decrease the illicit behaviour through vicarious reinforcement, which is when the illicit behaviour is repeated in front of the learners. This will result in an increase in teenage pregnancy. Before the policy on measures for the prevention and management of learner pregnancy was implemented, pregnant teenagers were expelled from school. The modelling effect was discouraged because teenagers knew the punishment that came with pregnancy. That kept the pregnancy rates minimal.

2.4.2 Karl Marx's social conflict theory

According to this theory, social life is seen as a competition where people compete for the same resources, which results in inequality within the society (Marx-Engels, 1978). This competition for resources results in one structure of the society, like the education system, not functioning in harmony with other structures, like family and religion (Boundless, 2017). This results in societal imbalance, instability and dysfunction. With regard to this study, teaching sexual health to teenagers to prevent teenage pregnancy has been hindered because of this competition for financial resources within the South

African society. According to the researcher, the social structure's education system benefits the rich and the few who are able to pay for decent education with fully fledged curricula. The poor are left to be undereducated because they cannot afford to pay for education; hence the 'Fees Must Fall' campaign. With the masses not able to access quality education, mitigating the factors that contribute to teenage pregnancy is very difficult. Masses of poor children are confined in a vicious cycle of poverty, disease and teenage pregnancy. This competition for resources happening between blacks and whites is also happening amongst the blacks, for whom there has been a growing gap between poor and the rich few referred to in South Africa as the black elite. This is happening in spite of the democratic government trying to address school funding through the school norms and standards policy and the ranking (quintile) system, which has flaws.

2.4.3 Bronfenbrenner's ecological models of human development.

Bronfenbrenner (1989), in his ecological model of human development theory states that there are different systems that interact and connect to influence a child's psychological development: the micro, meso, exo, macro and chrono systems. These systems are found in one's immediate social environment, and influence the child's behaviour so that he or she can either be successful in life, or a victim of challenges like teenage pregnancy. This suggests that such challenges do not occur "out of the blue", but are a result of the child's immediate detrimental and unsupportive environment through the above- named systems. This also means that if the immediate social environment under which the teenager develops offers support and guidance, there will be positive development of the teenager, and scourges like teenage pregnancy will be averted (Bronfenbrenner, 1989).

Through the ecological model of human development we get to understand contextual factors that influence teenage sexual behaviour, including teenage pregnancy, so that we can come up with proper solutions to the problem.

- Micro system

  The micro system is the first system a developing person gets exposed to, and consists of structures like family, neighbourhood, school, objects and symbols found in the immediate environment (Bronfenbrenner, 1989). As stated above, the child, as he/she develops, interacts with systems (micro, meso, exo, macro and chrono), and they influence him/her so that a challenge like teenage pregnancy will occur if there is lack of guidance from home. Melita (2012) asserts that families who have considerable influence on their children's sexual pathways can delay their sexual debut. This can also result in the prevention of early and unwanted pregnancy. The World Health Organisation Report on Teen Pregnancy (2014) states that lack of communication within the family is also responsible for teenage pregnancy because proper advice and support on sexual matters is lacking. If schools neglect their role of educating teenagers about sexuality and reproductive health, teenage pregnancy will increase. Chigona and Chetty (2008) assert that the lack of knowledge on teenage sexuality and contraceptive measures contributes to teenage pregnancy. Ramathuba (2013) states that society influences child development through acculturation. This means that through acculturation a child can be influenced positively and make a progressive life. The child can also be influenced negatively and fall victim to social scourges like teenage pregnancy. This happens if the teenager grows up in an immoral society infested with drugs, substance abuse and domestic violence.

  The micro system presents the first line of interaction between the developing child and what will influence his or her development. These are structures like family, school and neighbourhood, which will determine whether the child will be successful in life or will fall victim to scourges like teenage pregnancy, drugs and substance abuse.

- Meso system.

  Under the meso system there is an interaction between micro level structures (family, school and neighbourhood), and for the child to develop properly this interaction must happen on a regular basis for an extended period of time (Bronfenbrenner, 1989). Bronfenbrenner calls these interactions proximal processes. This means that home, school and society cannot work in isolation from each other in bringing up the child, but must

work hand-in-hand for an extended period of time. With regard to the developing youth, to avert teenage pregnancy; sexual education should begin at home informally with parents. The school, interacting with the family, should provide formal sexual education. Tsebe (2012) highlights the lack of sexual education, and says it leads to teenage pregnancy. Nkani, Nomvuyo and Bhana (2016) state that lack of knowledge about contraceptives is another challenge contributing to teenage pregnancy. Working hand-in-hand with the family and school, it is vital for the society to demonstrate proper morals and values to the developing teenager if teenage pregnancy is to be averted. The society must be free from domestic violence and substance and drug abuse to avert teenage pregnancy.

As stated in the introduction, structures in the micro system must not work in isolation from each other if the development of the child is to be effective. They must work hand-in-hand for the "total" development of the child to avert opportunistic menaces like teenage pregnancy.

- Exo system.

  In the exo system structures found in the micro system interact with each other, and this interaction indirectly affects the developing individual (Bronfenbrenner, 1989). According to Melita (2012), parents can interact with their work environment, and this does not affect the child directly, but indirectly. When the parent is away from the developing teenager for long periods that indirectly affects the teenager and she can end up falling pregnant. According to Bhengu (2016), parents absent from home fail in their responsibility to impart sexual knowledge at home, so teenagers end up misinformed and falling pregnant. According to Hoga, Borges and Alvarez (2009), migrant worker parents deprive the teenager of parental love, values and role modelling, which can result in her seeking these from the wrong people, and falling pregnant. The teenager can thus be a victim of "sugar daddies" or" blessers" in search of the love not found at home.

  A developing young woman will be affected by social structures both directly and indirectly. See the discussion below.

- Macro system

  Under the macro system, also referred to as the social system, there are powerful social influences at work like beliefs, morals and values (Donald, Lazarus & Lolwana, 2014). Owing to social challenges there has been a corrosion of these influences within the society. This has contributed to high pregnancy rates. Nkani *et al.,* (2010) assert that some of the teenage pregnancies are a result of immoral acts within the society like child and women abuse, substance abuse, rape and coercive sex which is prevalent in our communities today. Chigona and Chetty (2008) mention the destruction of a home as a social structure because of scourges like HIV and AIDS. This has led to child-headed homes with no authority, thus increasing teenage pregnancy. The researcher feels that it is vitally important that social structures like the church be resuscitated to be active within the communities. Community programmes initiated by churches have the potential to rebuild families, values, morals and positive beliefs. A developing child develops in a society with morals, norms, beliefs and values. If these are not upheld and shared with the developing child, he/she will not fully develop, and teenage pregnancy is likely to continue unabated.

- Chrono systems

  Chrono systems give the ecological model of human development theory a new dimension as they focus on the concept of time with regard to the developing youth (Bronfenbrenner, 1989). This means that time will influence teenage pregnancy. Because of changes in social attitudes, children start having sex as early as the age of 11 (Richter, Mabaso, Ramjith & Norris, 2015). Because of the changes in social attitudes teenage pregnancy occurs as early as Grade 3). With time South Africa has become a democratic state which has led to new policies and laws that promote teenage pregnancy to be implemented like the Draft National Policy on HIV and AIDS, STIs and TB (2015), which calls for the distribution of condoms in schools, and the Choice of Termination of Pregnancy Act (Act No. 92 of 1996), which allowed teenagers to have an abortion without parental consent. The Sexual Offences and Related Matters Amendment Act (2015) allows children aged 12 to 15 to consent to sexual acts with each other without any adult permission.

Changes in social attitudes have affected our environment, geography and human development. This has led to many societal challenges like orphans, child-headed homes and teenage pregnancy. In South Africa social change has given rise to the democratic dispensation, which has been seen to promote teenage pregnancy by the democratic constitution.

Swanson (2013) states that a good social theory provides an explanation, the nature and challenges to do with the phenomenon at hand, in this case teenage pregnancy, with the core aim of finding a practical solution to the menace. Bronfenbrenner's ecological models of human development theory has facilitated an investigation of the causes of teenage pregnancy in King Cetshwayo District secondary schools, looked at the relationship that exists between family background and teenage pregnancy, and lastly looked at the role that can be played by educators in mitigating factors that contribute to teenage pregnancy in King Cetshwayo District so that the solution to the problem will be found.

2.5 RATES AND TRENDS IN TEENAGE PREGNANCY

2.5.1 Teenage sexual debut

Teenagers in South Africa have early sexual experience at or before 14 years of age (Richter *et al.*, 2015). This is further confirmed by the Human Sciences Research Council (2010), which states that South African teenagers have sex for the first time when they are between the ages of 14 and 15. Tsebe (2012) states that about half of all young South Africans between 15 and 19 years of age have reportedly had sex. By 19, close to 80% of South African women have had sex, and 37% have been pregnant (Tsebe, 2012). According to the study conducted by Richter *et al.*, (2015), which included 2 216 adolescents (1 149 females and 1 067 males) aged 11 to 18 years, the first time vaginal or oral intercourse recorded was before 11 years of age (see Table 1). This included foreplay or oral sex, which was also recorded as sexual experiment. More girls experienced their sexual debut by the age of 13 than boys. It must be noted that some of the sexual debut that occurs is coerced (Richter et al., 2015). This changes as teenagers grow because

according to Fortenberry (2013), by the age of 15, 14 (2%) of females, and 38 (2% of males) were engaged in sexual intercourse. By the age of 18, 42 (9%) of females, and 59 (5%) of males were having sexual intercourse. This showed that as teenagers grow older they became more sexually active, and that increased the rate of teenage pregnancy. This also means more attention must be given to males in an attempt to fight teenage pregnancy as they are the ones who are more sexually active. This early sexual debut is perpetuated in South Africa through laws like the revised sex bill, Act No. 5 of 2015, the Criminal Law (Sexual Offences and Related Matters) Amendment Act, which states that children between the ages of 12 and 15 can consent to sexual acts with each other without any adult permission. According to the Human Sciences Research Council (2015), teenagers in their sexual debut barely used a condom, mainly because of their lack of information. This leads to sexual risks, reproductive health challenges and unplanned pregnancies. According to Richter *et al.*, (2015), early sexual debut is a result of sexual coercion because of male domination and domestic violence towards women (see the statistics in Table 1). Mmari and Astone (2014), state that early sexual debut amongst teenagers is evident in many low- and middle-income countries like South Africa, which accounts for the high rate of teenage pregnancy in these countries.

Table 1: Adolescent males and females who had not and those who had engaged in sexual intercourse and their first sexual experience (voluntary or coerced) by the end of 18 years of age. (Adopted from South African Medical Journal, 2015.)

Females 1149 (59%)					**Males 1067 (48,1%)**			
Age (years)	**Not yet engaged in sex**	**Engaged in sex**	**Voluntary**	**Coerced**	**Not yet engaged in sex**	**engaged in sex**	**Voluntary**	**Coerced**
12	1136 (98,9)	13 (1,2)	3 (0,3)	10 (0,9)	958 (89,8)	109 (10,2)	66 (6,2)	43 (4,0)
13	1118 (98,1)	22 (1,9)	6 (0,5)	16 (1,4)	887 (83,8)	171 (16,2)	114 (10,8)	57 (5,4)
14	1075 (94,9)	38 (5,1)	30 (2,6)	28 (2,5)	772 (73,6)	277 (26,4)	197 (18,8)	80 (7,6)
15	963 (85,8)	160 (14,2)	107 (9,5)	53 (4,7)	641 (61,8)	396 (38,2)	285 (27,5)	111 (10,7)
16	815 (73,4)	296 (26,4)	222 (20,0)	74 (6,6)	529 (51,7)	495 (48,3)	362 (35,3)	133 (13,0)
17	672 (61,5)	420 (38,5)	331 (30,3)	89 (8,2)	447 (44,3)	561 (55,7)	415 (41,2)	146 (14,5)
18	585 (57,1)	440 (42,9)	349 (34,0)	91 (8,9)	387 (40,5)	568 (59,5)	419 (43,9)	149 (15,6)

2.5.2 RATE OF TEENAGE PREGNANCY IN KING CETSHWAYO DISTRICT AND SOUTH AFRICA

Fifteen million women under the age of 20 fall pregnant and give birth worldwide per annum. The age of these girls suggests that they are of school going age (Malahlela & Chireshe, 2013). The authors state that the USA has the highest teenage pregnancy rate in the world with almost 100 000 teenage pregnancies per annum. South Africa is also experiencing a similar phenomenon. According to Tsebe (2012), 40% of pregnancies in SA involved girls under the age of 19. Tsebe (2012) states that approximately 35% of all teenage girls have had a child by the age of 19. These figures are alarming. Statistics South Africa (2015) states that 176 000 teenagers got pregnant in 2013, of whom 2 903 were girls only 13 years of age.

According to Hades (2016), South Africa has the highest teenage pregnancy rate in the continent. Of 1 000 teenagers, 330 under the age of 19 were reported to be pregnant, and 50% of the above-mentioned pregnancies were either unplanned or unwanted. The table below (Table 2) paints a clear picture of teenage pregnancy in South African schools, with pregnancies starting as early as Grade 3.

In King Cetshwayo District, in 675 schools, 496 teenagers fell pregnant during the first quarter, 579 during the third quarter and 407 during the fourth quarter (Department of Basic Education, 2015). This is in spite of the pregnancy awareness campaigns held in the district in 2015. With the statistics given here, it is clear that teenage pregnancy is a serious problem that requires immediate attention as it has many repercussions in different sectors of the society.

Table 2: Number of learners who fell pregnant per province in 2015

Year	Province	Grade 3	4	5	6	7	8	9	10	11	12	Total
2015	EC	0	0	2	2	6	19	26	49	82	57	243
	FS	1	1	4	6	19	29	56	178	179	221	694
	GT	0	1	4	13	56	239	610	1410	1689	1219	5241
	KZN	2	2	4	6	18	87	235	553	729	673	2309
	LP	0	0	0	4	9	34	148	308	216	189	908
	MP	4	0	6	22	172	409	489	607	561	378	2648
	NC	0	0	0	3	4	4	4	18	16	20	69
	NW	0	0	0	4	3	23	54	71	73	46	274
	WC	0	0	7	18	45	165	443	668	799	746	2891
	National	7	4	27	78	332	1009	2065	3862	4344	3549	15277

Source: from the Minister of Basic Education's response to parliamentary questions on 27 March 2017.

2.5.3 Contraceptives

The South African Department of Health's national contraception policy guidelines define contraceptive use as a method of preventing unintended pregnancies (DOH, 2012). Family planning is also used as a synonym for contraceptive use. It refers to contraceptive use as family planning by married people when they decide when they will have babies. Vukapi (2016) states that family planning is inclusive of safe legal abortion and antenatal care. The increase in teenage pregnancy has led to family planning services to be legally afforded to teenagers.

2.5.3.1 Classification of contraceptive methods.

Contraceptives can be classified as traditional and modern. Traditional methods include periodic abstinence and withdrawal. Modern methods include female and male condoms, injections and injectable implants, and oral contraceptives. Modern contraceptives have

been found to be more effective in preventing pregnancy. Other modern contraceptives are elaborated on in Table 3 below:

Table 3: Modern contraceptive methods

MODERN CONTRACEPTIVE METHODS			
METHOD	**DESCRIPTION**	**ADVANTAGES**	**DISADVANTAGES**
Male condom	Made of latex rubber, some are coated with a dry lubricant or spermicide.	Male condoms can protect women from getting pregnant and both partners from HIV and STIs.	Some people have an allergy reaction which causes itching, burning and swelling.
Female condom	It is a soft polyurethane tube with one closed and one open end. Both ends have a flexible ring. The ring at the closed end is inserted into the vagina over the cervix to hold the tube in place. The ring at the open end remains outside the vagina.	A female condom can be put in just before sex or up to eight hours before sex. It also protects women from pregnancy and both partners from HIV and STIs	There are no recorded disadvantages
Injectables	The injectable contains hormones given to you at regular intervals by a healthcare provider.	It is a highly effective method, only needing to be repeated every 2 – 3 months depending on the type of injection. Can be used by breastfeeding mothers. It does not affect the enjoyment of sex	If you are late for an appointment or miss an appointment you will not be protected against pregnancy. Side-effects may include changes to the menstrual cycle, headaches, spotting, mood changes, dizziness, weight gain or breast tenderness.

Implants	Hormonal implants are small, thin, flexible plastic rods about the size of a matchstick inserted under the skin by the medical practitioner, and can be removed at any stage.	This highly effective long lasting method works for up to three to five years depending on the type of implant.	Side-effects may include weight gain, redness, headaches, dizziness, mood changes, nausea and changes in the menstrual cycle.
Oral contraceptives	The pill comes in a 28- or 21-day pack. It contains hormones that regulate your system to prevent pregnancy.	This effective method can help you make your menstrual periods more regular.	It is less effective if you forget to take a pill, are taking some other medication. or are vomiting or have diarrhoea. Side-effects can include irregular menstrual cycle.
Emergency contraceptive pill	It is also called the morning after pill used to prevent unplanned pregnancy after unprotected sex.	The ECP should be used if the condom breaks during sex. It can also be used if you are raped or forced to have sex.	Side-effects include nausea, vomiting, breast tenderness and vaginal bleeding.
Emergency Cu IUD	Cu IUD can be inserted into the womb up to five days after having unprotected sex to prevent pregnancy.	It is a long-lasting method that can be left in as a regular contraceptive.	Side-effects can include cramping, and pain during and after insertion.

Source: Pleaner (2013)

2.5.3.2 Condoms as the most distributed form of contraceptive

The South African government acknowledges the fact that there is a high teenage pregnancy rate caused by various factors like poverty, gender-based violence, lack of sexual education, and poor access to contraceptives (Jonas, Crutzen, van den Borne, Sewpaul & Reddy, 2016). In order to respond to this challenge, the government has made provision for free contraceptives since 2001, updated and upgraded the scope of contraceptives with the introduction of new types like the intrauterine device (IUD) (Jonas *et al.*, 2016), as mentioned above. Of all the different types of contraceptives available, 45.1% of sexually active youth mostly used condoms (DOH, 2012). Only 7% used injectable contraceptives, and 4.2% used oral contraceptives.

The high prevalence of teenage pregnancy, STIs and HIV/AIDS has led the Department of Basic Education to introduce the Draft National Policy on HIV, STI and TB (2015). The main point of focus of this policy is the issue of distribution of condoms in schools (Han & Bennish, 2009), The issue has been entrenched by the Children's Act (Act No. 38 of 2008), which gave the schools the power to decide through the SGBs whether to distribute condoms within the school premises (Han & Bennish, 2009).

Because of the high prevalence of teenage pregnancy, STIs and HIV/AIDs, the South African government set a target to distribute 1 billion male condoms per year (Health Systems Trust, 2014-2015). In 2014-2015, the government was able to distribute 712 387 234 male condoms nationally, with KwaZulu-Natal achieving 58.9%, the highest distribution amongst other provinces, and 38.4% for King Cetshwayo District (Health System Trust, 2014-2015).

While the number of condoms distributed looked promising in the fight against STIs, HIV/ AIDS and teenage pregnancy, maximum distribution was not achieved since there was a controversy as to whether schools should distribute condoms or not. This resulted in fewer than two schools out of five distributing condoms, and doing it discreetly (Hlalele & Alexander, 2011, p. 148).

The lack of clarity on the policy for distributing condoms contributed to poor condom distribution (Han & Bennish, 2009). This defeated the noble aim of a fight against teenage pregnancy, and the spread of STIs and HIV/AIDS. Table 3 paints a clear picture on condom use among African South African youth between males and females.

While condoms distribution never reached a peak level, the low level of condom use and the controversy over use during sex by teenagers further defeated the aim of condom distribution (National Adolescent, Sexual and Reproductive Health and Rights Framework Strategy, 2015). Risky sexual behaviour, drugs and alcohol also contributed to the inconsistent use of condoms by teenagers (Health Systems Trust, 2014-2015). The general use of other modes of contraception like the pill and injection failed because of ignorance about contraceptives and their use (Mothiba & Maputle, 2012). Teenagers had little knowledge about contraception beyond pills, injections and condoms. They proved to be ignorant about IUDs and emergency prevention pills.

Table 4: Predictions of condom use among South African youth aged 15-24

	Male		**Female**	
	Used condom	**Not used**	**Used condom**	**Not used**
Socio- demographics	631 (88.0)	124 (12.0)	660 (74.0)	260 (26.0)
African	434 (89.7)	68 (10.3)	554 (76.1)	162 (23.9)
Sex debut				
Early (15 years)	144 (88.3)	32 (11.7)	111 (77.7)	41 (22.9)
Late (15 years)	461 (88.5)	82 (11.5)	538 (73.5)	212 (26.5)
No. of sexual partners				
One partner	423 (86.8)	90 (13.2)	612 (74.2)	241 (25.8)
2 or more	203 (89.8)	34 (10.2)	46 (72.7)	16 (27.3)
Condom use at first sex	443 (90.8)	56 (9.2)	444 (75.3)	148 (24.7)
	186 (83.2)	67 (16.8)	214 (71.3)	112 (28.7)
Knowledge of HIV status				
Yes	186 (84.0)	47 (16.0)	398 (69.7)	187 (30.3)
No	9 (75.5)	4 (24.5)	11 (79.3)	5 (20.7)

Source: Human Sciences Research Council Report 2009, compiled by Matseke, G.

2.5.3.3 Condoms as the most used form of contraceptive

Statistics show that there is a general increase in contraceptive use mostly by sexually active people. The DOH (2012) has mentioned an increase by about 65% in the use of modern contraceptive methods by sexually active women aged between 14 to 49. Condoms are easy to use and mostly do not have harmful effects. It is thus important that they must be effectively distributed. Vukapi (2016) mentions the following factors which influence condom use among sexually active teenagers:

- Knowledge, belief and awareness about condoms
- Government policies
- Parental and teenager communication
- Economic factors like transactional sex

2.5.4 Efforts aimed at increasing condom use among adolescents

Laws passed have been key in ensuring the increase in condom use and access. Acts like the Children's Act (No. 41 of 2007) give adolescents of 12 years and older the right to access reproductive health services. Section 134 of the Act states that no person may refuse to sell condoms to children of 12 years and above, or sell condoms that are provided free of charge. It further states that children accessing condoms or any other form of contraception are entitled to confidentiality. This act tries to eliminate fear in acquiring condoms by adolescents mostly inflicted by health workers in a move to promote condom use among adolescents. Furthermore, the act calls for widespread sex education about abstinence, safer sex practices and sex education.

2.5.4.1 Mass media

Wakefield (2011) describes mass media campaigns as messages created and placed in different types of media like radio, TV and newspapers. The key aim for the mass media is to reach large number of audience. In South Africa mass media plays a vital role in promoting condom use among adolescents by disseminating information about it through

mass multimedia campaigns like Love Life, Soul City and Khomanani reaching many young people. The advantage the multimedia has is that it involves many senses in cascading its message which is sight and hearing. In a study conducted by Agha and Rossen (2001) on promoting female condom use in Tanzania it was established that 38% of study participants learned about the condom through mass media and 6% learned about it through peer educators. This shows that mass media has massive impact in cascading messages. It also promotes discussion about the product promoted by the mass media which later changes behaviour and reinforce attitude. South African still experience an increase in teenage pregnancies and new HIV/AIDS infections. This means that South African mass media campaign is not yet successful and effective in promoting condom use and other related messages. Wakefield (2011) states that for mass media campaigns to be effective the:

- Media campaigns must get high exposure through multiple channels.
- Media campaigns must have sufficient funding for media messages to run over time.
- Media campaigns must be based on sound research, are evaluated and monitored.
- Mass media campaign messages are to be carefully designed, developed, pretested with the target audience.

2.5.5 Traditional methods used to prevent teenage pregnancy

This study has paid much attention to the Western methods used to avert teenage pregnancy, which include sexual health education, family planning, and use of contraceptives, to name a few. Not much has been said about the traditional methods used to prevent pregnancy which had been effective and part of the traditional families previously. Traditional healers, leaders and philanthropists like Ms Andile Gumede from *Isivivane Samasiko Nolwazi*, an organisation aiming at reviving African culture, believe that the discarding of these traditional practices, indigenous knowledge and ceremonies has brought wrath to our society so that we are cursed with many societal challenges like illegitimate children, sexual violence, violent youth and diseases. Going back to our roots

is what these people prescribe as a cure for these societal challenges. This part of the study will discuss traditional methods used to avert teenage pregnancy according to traditional practices and ritual ceremonies.

2.5.5.1 Indigenous knowledge

As part of the fight against teenage pregnancy modern methods have been promoted, including educational programmes, and access to family planning with condoms and other forms of contraception (Mnyipika, 2014). Even though these strategies have been implemented, the rate of pregnancy is still high. This has made teenage pregnancy an issue of high concern in the society. According to Shange (2012), a child's background has an important influence on his or her sexual behaviour. This means that if the child has been brought up in a proper family where there is communication and support, and sexual matters are discussed, he or she is on a better footing to delay sexual debut, and avert risky sexual behaviour. It is the same for a child who has been brought up in a family background rich with indigenous knowledge and practices. Shange (2012) and Mazibuko (2017) highlight the importance of indigenous knowledge on which Western knowledge should build up on in the fight against teenage pregnancy. By indigenous knowledge Shange (2012) and Mazibuko (2017) mean local traditions, customs, norms, beliefs and values in a traditional society. Shange (2012) says these moderate the child's behaviour, and make him or her resilient against the risks leading to teenage pregnancy, HIV/AIDs and STIs. Concurring with Shange (2012), Mazibuko (2017) refers to these practices as virginity testing, physical maturity examination and *ukusoma*. He mentions ritual ceremonies like *Unomkhubulwane*, the Royal reed dance ceremony and *Ukukhuliswa kweNtombi*. Traditional leaders and healers believe that neglecting cultural practices has heralded social problems like rape, women abuse, risky sexual behaviour by the young, domination by foreigners, and diseases (Kendall, 1999).

2.5.5.2 Virginity testing

Virginity testing (*ukuhlolwa kwezintombi*) is defined by Shange (2012) as the examination of young girls by elderly women to see if they have indulged in sex. Virginity tests are conducted on a month-to-month basis in organised camps to ensure the preservation of virginity (Mbulu, 2016). According to African culture virginity is treasured as it determines the value of the woman when dowry *(lobola*) is paid for her during wedding negotiations. A virgin will be worth 11 cows (Shange, 2012). This inculcates among girls the need to preserve themselves so that they will be of value when *lobola* is paid, and make their parents proud. Shange (2012) states that virginity testing thus protects a girl from unwanted pregnancies, and sexually transmitted diseases, such as HIV/AIDS. It also helps with the early identification of sexual abuse. However, while it is applauded for its benefits it is also criticized by western influenced organisations like the Human Rights and Gender Commission, who state that it violates a girl's rights because:

- Her privacy is infringed.
- Those girls who have lost their virginity are ostracised and stigmatised as prostitutes.
- Males are not tested.
- Virgins are at risk of being raped by males who believe sex with a virgin cures HIV/AIDS.
- Virginity testers can spread HIV/AIDS and STIs by touching one girl and then another using the same gloves.

In a study by Mbulu (2016) on virginity testing it was revealed that girls undergoing the test were not coerced to do it, but welcomed it. Girls in camps for virginity testing found solidarity and support from other virgins to remain virgins, and could discuss other issues to do with sexuality as peers (Mbulu, 2016). The researcher concurs with Mbulu (2016) that to be effective virginity testing must be accompanied by sex education, and testers must be empowered with scientific information on sexual health and infection control. They must know the laws controlling virginity testing like the Children's Act (No. 38 of 2005), and must promote abstinence. Testers must also know that it is not only through

sex that virginity is lost and the hymen *(iso*) broken, but also through physical activity by teenagers. In virginity testing camps it is interesting to find that in a situation where virginity had been lost there was no victimisation; elders handled the matter properly.

2.5.5.3 Physical maturity examination

Shange (2012) refers to the physical maturity examination (*ukushikila*) as a practice to assess if a girl is physically mature enough for courtship and marriage. She states that this practice measures the woman's sexual experience a women with loose stomach and buttock muscles will be regarded as indulging in sex. This devalues the women and embarrasses parents. Shange (2012) testifies that this practice encourages a girl to preserve her virginity and avoid the shame of being known to be sexually active. But it is also criticised by bodies like the Human Rights and Gender Commission, who state that it violates a girl's rights to privacy, dignity and bodily integrity.

2.5.5.4 Ukusoma

Ukusoma is defined as thigh sex, whereby a male does not penetrate the woman (Mbatha, 2010). This type of sex is also referred to as *ukuhlobonga* (Mbatha, 2010). Buthelezi, as cited by Sathiparsad and Taylor (2011), states that non-penetrative sex is practised to quench sexual desire without losing virginity, and avert unwanted pregnancy. Shange (2012) states that it also promotes sexual knowledge and understanding of how the human body functions.

2.5.6 Ritual ceremonies

2.5.6.1UNomkhubulwane ritual ceremony

UNomkhubulwane is referred to as the Rain Princess (Shange, 2012). The *uNomkhubulwane* ritual was performed by the traditional healers with virgin girls and their parents to request rain during dry seasons. According to the traditional healers the

failure to perform this ritual has resulted in severe droughts, terrible winds and barren soil (Kendall, 1999). To remedy the situation the ritual of *uNomkhubulwane* must be performed whereby virgin girls communicate with the Rain Princess to ask for rain. To be part of this ceremony girls are motivated to preserve their virginity, and avert unwanted pregnancies, STIs and HIV/AIDS.

2.5.6.2 Umkhosi womhlanga

The Royal Reed Dance festival is a ritual ceremony that takes place at the Royal residence with the key purpose of promoting and preserving girls' virginity (Shange, 2012). During the ceremony girls from different parts of the country who have been tested for virginity carry reeds to His Majesty as a symbol of respect. This ceremony has again been met with criticism from the Human Rights and Gender Commission and others, who state that it violates a girl's rights, privacy, dignity and bodily integrity.

2.5.6.3 Ukukhuliswa

Mbatha (2010) defines this ritual ceremony as a practice that occurs during puberty. This is the time when adults teach adolescents about the changes taking place in their bodies, sexual matters, and non-penetrative sex through talks, songs and dances (Shange, 2012). *Ukukhuliswa* heralds the stage of *ukuqoma* or *ukuqonywa*, a stage preceding marriage. This ceremony also ensures that virginity is preserved, and that love affairs happen in a controlled social environment until marriage takes place.

It is clear that traditional methods played a vital role in averting teenage pregnancy and ensuring that teenagers grew up to be wedded parents without the challenges of illegitimate children *(imilanjwana* and *namavezandlebe*), and sexually transmitted diseases. Traditional methods and practices stressed the importance of education to teenagers in averting these challenges. Discarding of the traditional methods has resulted in the unwanted pregnancies, STIs and HIV/AIDS epidemics that are highly prevalent today. Western methods to avert these dangers must build on traditional methods.

Looking at the above studies, it is clear to the researcher that there is a conflict between the so-called progressive South African organisations like the Human Rights and Gender Commission, and indigenous knowledge and tradition. Those organisations state that tradition, indigenous knowledge and cultural practices violate a girl's rights, privacy, dignity and bodily integrity. It is contradictory that according to the Children's Act, children of 12 can legally decide on sexual matters and access contraceptives on their own, but to partake in virginity testing they need to be 16 years old and above. These cultural practices have stood the test of time since in the early days there was little or no teenage pregnancy, nor an epidemic of STIs.

2.6 ILLICIT ABORTION AS A NEGATIVE CONSEQUENCE OF TEENAGE PREGNANCY

Abortion is one of the harmful consequences of teenage pregnancy. A lot is happening with regard to abortions which is not known by the public. There are legal abortions and illegal abortions, also known as "backstreet abortions" carried out by unlicensed and illegal abortion providers known as "lamp post providers". Illegal abortions lead to health hazards like sepsis of the uterus (Hades, 2016). According to Robert Johnstone (2015) in 2013, 90 160 legal abortions were carried out in South Africa, and in 2014 there were 89 126. According to Ramakuela, Lebese, Maputle and Mulaudzi (2016), teenagers in South Africa aged 17-19 account for 93% of teen pregnancies, the majority of which opted for the termination of pregnancy (ToP). Ramakuela *et al.*, (2016) further stated that five teenagers visit ToP clinics daily to request abortions. This number would be higher, but other teenagers are scared to go to the clinics because of the attitude of health workers there (Bhengu, 2016). They then opt for illegal ToPs. According to the World Health Organization (2014), unsafe ToPs leads to 200 deaths per day and 70 000 deaths per year worldwide. The World Health Organization (2014) further stated that every year worldwide, 50 million pregnancies end with ToPs, and 20 million of them are unsafe.

Ramakuela *et al.,* (2016) state that approximately 68 000 teenagers die annually in South Africa as a result of complications from unsafe ToPs. According to the KwaZulu Natal Department of Health (2015) in 2014, 15 20013 patients were hospitalised due to incomplete abortions and 1455 had septic abortions.

Complications from illegal abortions led the South African government to pass the Choice of Termination of Pregnancy Act (Act No. 92 of 1996) in February 1997, which provided legal abortions on demand for various cases of pregnancy that are less than 13 weeks old. This led to a decrease in deaths because of backstreet abortions

The rate at which teenage abortions are taking place in KwaZulu-Natal has led to the KwaZulu-Natal Department of Health increasing facilities performing ToPs from 14 to 40 in 2015, and medical staff from 19 to 57 (KwaZulu-Natal Department of Health, 2015). The MEC for health, Dr S. Dlomo, mounted a "stop illegal abortion campaign" in 2015.

2.7 HIV AND AIDS PREVALENCE IN SOUTH AFRICA

The spread of HIV and AIDS is one of the consequences of teenage pregnancy. According to Pepfar (2015), South Africa remains at the centre of the global HIV and AIDS epidemic with an estimate of 6.8 million people affected by the disease by the end of 2014. In 2012, 468 000 new infections were recorded, with high incident levels amongst women aged 15-24. According to KwaZulu-Natal Health (2015), KwaZulu-Natal has the highest HIV/AIDS prevalence amongst 15-49 year olds, amounting to 57.4% in 2011; and in 2015, more than 2 300 girls and young women aged 15-24 became infected with HIV each week.

King Cetshwayo District Integrated development Plan (2015) revealed that the district has a population of 947 945, of whom 53.75% are females and 46.25% are males. 50% of the population is made up of people aged 15-35. These are the sexually active people who are mostly vulnerable to HIV/AIDS and teenage pregnancy. According to Mbulu (2016),

King Cetshwayo District had an HIV prevalence of 33.4% in 2011 and 38.5% in 2012. This shows a remarkable increase in HIV/AIDS prevalence.

2.8 DECREASES IN TEENAGE FERTILITY AND PREGNANCY.

Previously mentioned statistics on teenage pregnancy, abortion and HIV/AIDS highlighted the trends and high rate of teenage pregnancy. Different views of these are given by different reports and studies. SALDRU (2013) stated that pregnancies of the 15 to 19-year-olds have not increased, but have remained stable, albeit with the same fluctuations from year to year. According to Statistics South Africa (2015), there has been a decline in teenage pregnancies in the years 2014-2015.

According to Africa Check (2016), women who gave birth by the age of 20 dropped from 30% to 23% in 2015, and the child support grant did not contribute to the increase in teenage pregnancy.

According to Health Systems Trust (2015), there has been a decline to teenage fertility. In 1996, in the 16 to 19-year-old age group, of 1 000 teenage girls, 78 babies were born. This figure dropped in 2007 when of 1 000 teenage girls, 54 babies were born.

Teenage fertility remains high in schools within poor neighbourhoods, especially among those with age mixing (combined schools), and those that are poorly resourced. In such schools, only a third of teenage mothers return to complete school after pregnancy. This makes teenage pregnancy a major social problem that must be responded to by the South African government and other stakeholders in health, education and social work. A host of initiatives has been taken at government level to address the scourge, but the question is: are all these attempts helpful in resolving the problem?

2.9 FACTORS CONTRIBUTING TO TEENAGE PREGNANCY

The South African National Youth Policy (2015) defines youth as young people within the bracket of 14 and 35 years. According to Statistics South Africa (2016), youths form the major percentage of the South African population. According to Tsebe (2012) and the National Youth Policy on Adolescent Health Policy (2012), the youth of the twenty-first century face many attitudinal challenges that frequently escalate to ill health. Moreover, one of the biggest challenges facing the youth is to their sexual and reproductive health, which leads to teenage pregnancy, a high prevalence of HIV/AIDS, and maternal deaths. The National Development Plan with its vision of achieving prosperous economic development in South Africa by 2030, needs the support of the youth to realise it. This is why the nation must do everything possible to educate young people about sexuality and the reproductive health system.

National Youth Policy (2015) notes that the youth contribute significantly to the burden of disease and deaths from HIV/AIDS. This make the youth a critical group to intervene to halt teenage pregnancy and the HIVAIDS pandemic. Studies have shown a significant relationship between teenage pregnancy and HIV/AIDs infection (Christofides *et al.*, 2014). If youths as key agents of social change and economic expansion are engulfed in challenges like teenage pregnancy and HIV/AIDS, the vision of achieving economic prosperity will be a mirage. It is thus vital that a solution to teenage pregnancy, HIV/AIDS and STIs be found. Some of the factors contributing to teenage pregnancy found in literature are highlighted as follows:

2.9.1 Lack of sexual education

Inadequate knowledge on sexuality, reproduction health and contraceptive use has led to an escalating rate of teenage pregnancies (Christofides *et al.*, 2014). This is corroborated by Tsebe (2012), when he states that lack of sexual education contributes to early pregnancy among adolescent females. Further attention to this is from Nkani and Bhana (2016, p. 1), who state that "lack of knowledge about contraceptives is another challenge

that contributes to the escalation of teenage pregnancy." Were (2014) also asserts that there are big risks associated with lack of access to educational opportunities, sex education and information regarding contraceptives. According to Bhengu (2016), this sexual knowledge vacuum is caused by educators who do not teach sexual knowledge to teenagers. This can be a result of the educators' cultural beliefs, or their not being equipped to do so. Parents, according to Bhengu (2016), share the responsibility of a failure to impart such knowledge at home. Most parents see discussion of sexual matters with teenagers as a social taboo (Bhengu, 2016). Being deprived of sexual information, teenagers resort to friends to get it, and end up misinformed, thus in danger of falling pregnant. While various arguments have been put forward about sexual education for example, that it will promote sexual activity amongst teenagers (Bhengu, 2016), it cannot be ruled out that "knowledge is power", and the better informed are more likely to make better decisions.

According to Were (2014), the most trusted source for teenagers to learn about HIV/AIDS and teenage pregnancy is school, particularly from the educators. This is supported by the Human Sciences Research Council (2015) when it states that basic education must be amended to include accurate and comprehensive sex education. The National Youth Policy (2015) also states that the Department of Health must provide youths with information on sexual and reproductive health. Such information must be age- appropriate for the targeted youths. The Medical Research Council (2007), on the other hand, recommends that sex education at school should formally start before the age of 14.

Moreover, if sex education is to be given to teenagers, teachers must assume the responsibility of acting in place of parents, who are sometimes not in possession of the requisite information on sex. According to the policy, Measures for Prevention and Management of Teenage Pregnancy (2007), sex education must also teach about abstinence as a primary defence against unwanted pregnancy, STIs and HIV/AIDS.

2.9.2 Child support grant

According to Kubheka (2013), the child support grant (CSG) was initiated by the national government in April 1998 with the aim of providing support to children under the age of 7, especially to the children in less privileged families. The CSG has since been extended to include 14-year-olds, and those who are still in school. Much debate has risen about the CSG being a contributing factor to the high rate of teenage pregnancy in the country. According to Kubheka (2013), the CSG encourages teenagers to have more children so as to secure more grants. This had previously been asserted by Makiwane, Desmond, Richter and Udjo (2006), who said that teenagers get pregnant quickly to secure more grants, and some deliberately get involved relationships where contraceptives are ignored so that they can become pregnant. Similarly, in a study by Kubheka (2013), it was found that, of all the sampled participants, 52% indicated that there was a relationship between the child support grant and unwanted teenage pregnancy. Kubheka's study was further confirmed by studies by Case, Hosegood, and Land (2005), and Kutu (2009).

2.9.3 Attitudes of health care workers

Attitudes of health care workers is another factor that contributes to teenage pregnancy. They bar teenagers from receiving sexual and reproductive health services from clinics. According to Tsebe (2012), health care service workers' attitudes should encourage teenagers' access to sexual and health care services, allowing them to make positive decisions about their sexual and reproductive health. This means that if health care workers have positive attitudes about providing their services to teenagers, they can help prevent and minimise teenage pregnancy. According to Mannara, Durrant, Fisher, Chersich and Luchters (2015), inadequate access to quality health care services because of the attitudes and behaviour of health care providers contributes to high maternal mortality, morbidity and teenage pregnancy. These destructive attitudes, according to Mannara *et al.*, (2015), include lack of caring, respect and sympathy, and verbal abuse.

According to Tsebe's report (2010), teenagers seeking sexual and reproductive health services were confronted with these attitudes where there was lack of confidentiality and privacy and they were disrespected by health care workers. This led to teenagers being embarrassed to go to clinics. According to Ramathuba, Khoza and Netshikweta (2012), the attitude of health care providers also contributes to the non-use of contraceptives by adolescents since they are denied access to them by insolent health care workers despite having knowledge about contraceptives, thus ending up pregnant. This resulted to 273 500 women (inclusive of teenagers) dying during or after pregnancy (South African Statistics, 2014). The National Youth Policy (2015), in a bid to mitigate these factors, calls for the establishment of youth-friendly clinics which will be decentralised all over the country. School health services providing counselling, contraception and antenatal services must also be established and expanded all over the country (National Youth Policy, 2015). It is vital for health care workers to have counselling skills, be duty conscious, and be able to transcend their cultural beliefs when doing their work.

2.9.4 Child-headed homes

The spread of diseases in our society and the escalating death rate among adults because of pandemics like HIV/AIDS, poverty and violence has resulted in a growing number of orphans and vulnerable children (Magotlane, Chauke, van Rensburg, Human & Kganakga, 2010). The rate at which the number of orphans and vulnerable children grows has led to the existence of a new form of family structure, i.e. the child-headed household (Sathiya & Gwemwa, 2015). Kellermen (2014) describes a child-headed household as a household where the head of the family and main caregiver is a minor under the age of 18.

These minors take on adult responsibilities as the parents have passed on. In South Africa, according to UNICEF (2008), there are 3.7 million orphans and 150 000 children living in child-headed households. In KwaZulu-Natal there are 24 000 child-headed homes (Statistics South Africa, 2015). This paints a clear picture of the magnitude of the problem, its complex nature, and the effects it has on the well-being of children and their

reproductive rights. One of the consequences of the existence of child-headed homes is that it has led to the increase in the rate of teenage pregnancy. This is for a number of reasons as cited by various researchers. Mfono (2003) cites poverty as a reason that has led to girls in child-headed homes being victims of sexual abuse, thus falling pregnant.

Mfono (2003) states that this is the reason why poor countries have more teenage mothers than rich countries. Elkind (1984) cites the lack of parental supervision and role modelling as another cause of high teenage pregnancy in child-headed homes. Chidziva (2013), like Mfono (2003), cites poverty and peer pressure as other contributing factors in the escalation of teenage pregnancy in child- headed homes. Chidziva (2013) states that teenage pregnancy increases in child- headed homes because children do not have hope in their future for a respectable job, safe home, secured income and marriage. Such children have little incentive to avoid pregnancy.

The MRC (2007) cites lack of contraceptives and knowledge of their use because of the attitudes of health care workers in health facilities. It is important that the government attend to this complex problem of child-headed homes if it is to fight teenage pregnancy.

2.9.5 Availability and accessibility of contraceptives

The South African government has made it a point that free contraceptives are available for use by teenagers to protect against STIs, HIV/AIDS and teenage pregnancy. This is even entrenched in the laws of the country like the Sexual Offences Act (Act 32 of 2007), revised as the Sexual Offences and Related Matters Act (Act No. 5 of 2015), which states that condoms and other means of contraception must be accessible to teenagers. In spite of these efforts by government, teenage pregnancy is still on the increase. According to Nkani *et al.,* (2016), lack of knowledge about contraception by teenagers contributes to this escalation of teenage pregnancy. Ramathuba (2013) writes that after having unprotected sex, teenagers will drink water and cold drinks or swallow quinine to try to avert pregnancy, because they are ignorant of the emergency contraceptives to be taken 72 hours after unprotected sex. This triggered the action of the Department of Health to

emphasise that extensive promotion of emergency contraceptives should be conducted with all services capable of preventing unwanted pregnancy and ToPs (Bhengu, 2016).

According to Ramathuba *et al.,* (2012), cultural beliefs within black communities are responsible for preventing the accessibility of contraceptives to teenagers. According to Nkani *et al.,* (2016), black teenagers' parents do not discuss sexual information and use of contraceptives with their children. This defeats the intention of the government to make contraceptives accessible to teenagers. It is in this regard that Bhengu (2016, p.36), states that where ignorance about sex prevails, education and health authorities must be accountable. Teachers in the classroom have a responsibility to act in the place of parents and empower youth about contraceptives. They also have a responsibility to distribute contraceptives like condoms to learners if the fight against teenage pregnancy is to be won.

The Health Systems Trust (2015) presents a different view about the accessibility and use of contraceptives by the youth. It states that the youth know about contraceptives, but the effectiveness of contraceptives and their use is prevented by teenagers' inconsistent use of them accompanied by a risky life style. Tsebe (2012) states that teenagers forget to take oral contraceptives, and do not use condoms correctly. Alcohol and drugs contribute to this negligence.

2.9.6 Mass male circumcision

The *Medical Dictionary (Segens)* (2017) defines male circumcision as the procedure of removing the foreskin from a male's penis, which (foreskin) has cells that are an entry point for HIV. According to the DOH (2015), there are two types of male circumcision: the medical and the traditional. Religious groups also perform religious circumcision. Traditional circumcision, also referred to as cultural circumcision, is carried out as part of the initiation process that marks a passage from boyhood to manhood (Mazibuko, 2017). This is the time when boys are taught to be responsible men. While traditional circumcision still occurs, it is diminishing owing to complications which result in the

death of initiates (Mazibuko, 2017). Circumcision has been revived as a weapon to curb teenage pregnancy and the spread of STIs, HIV and AIDS. Male circumcision has been further revived as mass male circumcision. Studies conducted by Tsimane (2014) and Shange (2012) have testified to the fact that mass male circumcision has been proven to reduce HIV/AIDS infection by 65%. This has led various international health organisation to invest funds for the rolling out of mass male circumcision campaigns, mainly in Africa.

Mass male circumcision has encountered a setback since it has been believed to offer immunity from HIV/AIDS (Mbulu, 2016). This has led to males having sex without condoms, which has led to an increase in teenage pregnancy, and new HIV/AIDS infection. Mnyipika (2014) on HIV/AIDS found that 15% of men and women in South Africa falsely believed that circumcision makes sex without a condom safe. This placed women at risk of unwanted pregnancy and STIs. Mass male circumcision has thus brought up a new challenge: convincing men undergoing the procedure that they still need to use a condom afterwards. They need to be enlightened about the facts to do with male circumcision as elaborated by the Ngomi (2014), which are that circumcision:

- Does not prevent pregnancy.
- Offers only partial protection against HIV infection.
- Does not benefit the partner of the HIV-positive man.
- Does not reduce the risk of HIV infection during anal sex.
- Does not absolve circumcised men from wearing a condom every time they have sex to protect themselves from infection and reinfection.
- Is more hygienic.

2.10 THE RELATIONSHIP BETWEEN FAMILY BACKGROUND AND TEENAGE PREGNANCY

2.10.1 Family background

The family background against which teenagers are brought up has a great influence on teenage pregnancy. According to Panday, Makiwane, Ranchod and Letsoalo (2009), teenage sexual behaviour and pregnancy is influenced by the day-to-day social environment under which the teenager grows up and develops. Panday *et al.,* (2009) mention families, partners, peers and school as different social environments that influence teenage sexual behaviour. This is testified on by Bronfenbrenner in his theory of Ecological Models of Human Development. This part of the study will look at the family as a social environment, how it works to devise strategies to avert teenage pregnancy. Panday *et al.,* (2009) state that different aspects of family life influence adolescent sexual behaviour: family history, family type, parental values and role modelling, parental style, monitoring and support, and parent-child communication.

2.10.2 Family history, siblings' teenage birth histories and teenage pregnancy

Various studies have shown that family history has a major influence on teenage pregnancy. According to East, Reyers and Horn (2007), knowing a teenager's family history may be useful in devising early pregnancy intervention strategies for teenagers who are prone to fall pregnant because of their family history, or siblings' teenage birth histories. It is thus important to do research on teenagers' family history as a means of averting teenage pregnancy, which may be brought on by problems such as chronic poverty, inferior education, and child behavioural problems. Such information on a family's history can be attained by means of a simple questionnaire.

East *et al.,* (2007) state that children born to teenage mothers are at risk of early pregnancy. This is because of the teenage mother's marital instability, reduced parenting ability and the poor socio-economic environment these mothers raise their children under.

East *et al.,* (2007), add that parents who have undervalued their children's education contribute to an increased risk of teenage pregnancy, as do parents who are unable to monitor their children, and lax parents who accept, or even approve of teenage sex and parenting. Miller, Benson and Galbraith (2001) in their study confirmed that a teenager having both a mother and an elder sister who have had teenage births was at risk of teenage pregnancy. Sturgeon (2008) in his study discovered that a history of frequent conflicts between a teenager and her older sister who is a teenage mother has marginally been associated with a decreased risk of teenage birth by the younger sister; whereas when siblings interact frequently and have a warm, amicable relationship, a modelling effect is created which Albert Bandura elaborates about. The younger sister will do what has been done by her older sister (a teenage mother), and fall pregnant.

2.10.3 Family structure (type) and teenage pregnancy

East (2013) notes that early childbearing does not occur in isolation, but is influenced by the community and families of different types. According to the study by Panday *et al.,* (2009), family structural characteristics play a vital role in understanding and determining a teenager's sexual behaviour, including pregnancy. Panday *et al.,* (2009) mention single parent families, large families, and families with divorced parents as major causes of the menace of aberrant teenage sexuality. Families of different racial or ethnic groups like black families experience more teenage births than the families of other racial groups (East *et al.*, 2007).

According to Hoga *et al.,* (2009), first teenage pregnancy was 6.2% greater in urban families than in rural families. Teenagers growing up in single-parent families are at an elevated risk of falling pregnant (Sturgeon, 2008). This is due to the lack of teenage monitoring and management. Teenagers growing up under cohabiting parents also face a high risk of pregnancy (Stammers, 2002). According to Stammer (2002), young people aged 14 to 17 who live in an established two-parent family are less likely to have even had sexual intercourse than young people living in any other family environment. This is because such families provide greater chances of good communication about sex to both

sons and daughters (Stammer, 2002). Stammer (2007) adds that children brought up under a family where sexual matters are discussed and sex education is provided at home are more likely to postpone their sexual debut till a later age or marriage.

According to Sturgeon (2008), teenagers brought up in large families also face an increased risk of early sexual debut. This is because of poor monitoring which is spread among many children, and lax parenting. Without stable marriages, well-established families, and sound education (including sexual education and support), teenage pregnancies are likely to remain high even if contraceptives, sexual education and other government intervention programmes are made available.

2.10.4 Family values and role modelling as a contributing factor in teenage pregnancy

Parental values and role modelling provided by the family have a massive impact on a teenager's belief system and values (Makiwane *et al.,* 2009). This influences the teenager's behaviour, such as his/her sexual debut, increasing or decreasing the risk of unintended pregnancy. According to Hoga *et al.,* (2009), parental values and role modelling must be provided by both parents because single parenting is against accepted moral principles and the family concept in the society. Parents who perceive teenage pregnancy as an embarrassment and a sign of disrespect for the family are likely to have teenagers delaying their sexual debut (Hoga *et al.,* 2009). It is thus important for parents to make their feelings clear against premarital and unprotected sex to decrease the risk of adolescent pregnancy.

Makiwane *et al.,* (2009) state that family members serve as role models for their children. If parents have sex outside marriage, are cohabiting with a sexual partner and have a child outside marriage they will increase the likelihood of premarital sex and teenage pregnancy. Parents who are ashamed of talking about sex and contraception are likely to provoke teenage pregnancy (Hoga *et al.,* 2009).

2.10.5 Parental style, monitoring and support

Monitoring of children is a vital factor in preventing or not preventing teenage pregnancy. According to the study by East (2013), parents who have teenage mothers in their families monitored their other children less because of grand parenting duties and psychological stress. East (2013) adds that although teenage pregnancy within the family decreases the monitoring of other children, it also makes parents more accepting of teenage sex. Mothers become less strict with their other children, thus setting conditions for their other young daughters to fall pregnant.

In other circumstances teenage pregnancy yields different results. According to East (2013), teenage pregnancy can act as a clarion call for parents so that they, increase teenage monitoring, support, communication about sex and contraceptive use for the not yet pregnant teenagers in an attempt to prevent future pregnancies. Teenage pregnancy presents an opportunity to discard fear about discussing sexual matters and contraceptive use. According to Makiwane *et al.,* (2009), parents have different styles of parenting, and these may or may not influence teenage pregnancy. Parents who have a parenting style that provides open communication, and a warm, loving, nurturing environment are more likely to have teenagers who delay their sex debut. Miller *et al.*, (2001) have confirmed that parental support, closeness and warmth decreases the risk of teenage pregnancy by influencing teenage sexual and contraceptive behaviour. On the other hand, according to East *et al.,* (2007), lack of maternal emphasis on their children's education contributes to an increased teenage pregnancy risk. Makiwane *et al.,* (2009) say that parental regulation through home rules, supervision and monitoring can delay sexual debut, decrease teenage sexual partners, and increase contraceptive use, thus decreasing risk of pregnancy.

2.10.6 Family socio-economic status (poverty)

Poor socio-economic status, i.e. poverty, has been cited as one of the factors contributing to teenage pregnancy (Adolf, 2015). Lambani (2015) describes poverty as a lack of the resources necessary for survival, and this affects 22 million South African families, most

of whom live in rural areas. Lambani (2015) states that included in those 22 million are 7.3 million girls under the age of 18 who give birth annually. Kemper (2013) states that teenagers living in poverty experience pregnancy five times more than average teenagers. Yalesias (2012) states that teenagers from poor families fall pregnant in numbers because they need the financial security which cannot be provided at home. They resort to "sugar daddies" and "blessers" for money and other material things (Skosana, 2013). Other teenagers resort to having multiple sexual partners (Kemper, 2013). According to Kemper (2013), 93% of teenagers interviewed mentioned financial need as a major reason they fell pregnant. Adolf (2015) maintains that the socio-economic wellbeing of the family reduces the risk of teenage pregnancy since teenagers get an opportunity to pursue activities that delay sexual debut and pregnancy.

2.11 THE ROLE OF EDUCATORS IN MITIGATING FACTORS THAT CONTRIBUTE TO TEENAGE PREGNANCY

2.11.1 Educators and sexual health education

According to Primarolo and Morrison (2010), sexual education must be statutory as a free-standing subject within the school curriculum. According to Kohli and Nyberg (1995), the sexual education curriculum must be standardised, with clearly defined contact times for delivering in the classroom. Vescolani and White (2009) state that teenage sexuality can never be averted since sex is a natural activity. Hence it is vital that teenagers be taught about it, including advice on contraception. According to Vescolani and White (2009, p. 32), this will have "a positive effect on sexual behaviour of teenagers, delay sexual debut, decrease the number of sexual partners, increase use of condoms and other contraceptive methods." According to Primarolo and Morrison (2010), sexual education can also be vital in dispelling myths told to teenagers by peers, skewed television films, music videos and pornography, all of which increase pressure on the young to have sex. This means that no grades must be exempted from being taught about sexual relationships. According to the National Youth Policy (2015), fully fledged

sexual education must be part of the life skills curriculum from an early age to empower youth, and prevent risky behaviour leading to HIV/AIDS and teenage pregnancy.

For sexual education to be implemented effectively, teachers must be capable of giving it. Primarolo and Morrison (2010) state that the Department of Education must publish a national teacher training standard on relationships and sex education. Sex education must include teaching about abstinence as one of the ways to fight teenage pregnancy and other sex-related challenges (Konkco, 2010). Konkco (2010) states that the sex education curriculum must receive consistent and continuous evaluation and monitoring from professional education evaluators. This is to ensure its relevance and guaranteed implementation. According to the Centre for Diseases Control and Prevention (2015), schools play a vital role in the struggle against teenage pregnancy, as teenagers are at school for at least six hours a day, during their most critical years of sexual, physical and intellectual development.

2.11.2 Educators' partnership with health workers

It is vital in a struggle against teenage pregnancy that formal partnerships between educators and health workers be forged. Primarolo and Morrison (2010) state that teachers must be part of school health service provision. Matlala, Nolte and Temane (2014) state that the Department of Education must work with the Department of Health on teenage pregnancy to minimise it through school health education programmes. According to the Centre for Diseases Control and Prevention (2015), school health education can help teenagers adopt lifelong attitudes and behaviour that support overall health and wellbeing, including those that reduce the risk of STIs and teenage pregnancy.

According to Mannara *et al.*, (2015), partnerships between educators and nurses would help identify the skills, experience and training needed to effect sexual education. The National Youth Policy (2015) states that it is a responsibility of the Department of Health to provide age-appropriate information on healthy and risky sexual behaviour to teenagers. The Policy states that the Department of Health must provide expanded school

health services which will include those on counselling, contraception and antenatal services. The Policy calls for the teenagers to be able to access health services through youth-friendly clinics which must be decentralized all over the country.

2.11.3 Partnership between educators and parents

The fight against teenage pregnancy has never been an individual fight by stakeholders in the education fraternity. Partnership among stakeholders in education (teachers, parents and learners) is vital if the struggle against the scourge is to be won. One of the partnerships that is vital is that of educators and parents. Parents make the foundation for formal sexual health education provided by educators at school through their provision of informal sexual health education at home. According to Makiwane *et al.,* (2009), parents need to be supported by educators so that they are confident in playing their role in providing advice and support for their children on sexual health and relationships. Educators' support for parents is also vital because in some instances parents are absent owing to migrant work, or have died. There has been an increase in child-headed families (Makiwane *et al.,* 2009). Education must fill the vacuum. According to Guttmacher Institute (2017), sometimes parents are too illiterate to provide sex education. This calls for teachers to fill in for them. Some parents still consider it taboo to discuss sex-related matters with their children.

2.11.4 Educators and peer educator programmes

Teenagers are part of the stakeholders in the education system. This calls for their active participation in the fight against teenage pregnancy, STIs and HIV/AIDS by becoming peer educators. Chapin (2013) describes a peer educator as a learner or teenager who is chosen or volunteers to assist in the educating of other learners. The policy Measures for Prevention and Management of Learner Pregnancy (2007) calls for peer educator programmes to be implemented in schools. One of the benefits of these is that people tend to be more comfortable with learning from people who are similar to themselves.

They open up, listen attentively, engage fully through the exchange of ideas, and express views that are free from prejudice (Lezin, 2007- 2017).

This makes the peer educator programme a powerful tool through which teenagers can act as agents of change. For peer educator programmes to be effective, educators must empower peer educators so that they have the skills and confidence to talk and handle questions from their peers about sexual relationships and teenage pregnancy (Lezin, 2007- 2017). Through the peer educator programme, peer educators themselves undergo the process of change and growth relating to their own sexual knowledge, behaviour and general life skills (Chapin, 2013). According to Power (2012), key roles of peer educators are:

- Imparting basic knowledge about teenage pregnancy and its consequences.
- Assisting in an active roll-out of teenage pregnancy awareness and education campaigns.
- Encouraging participation by teenagers in a sexual education campaign.

It is important that peer educators be properly capacitated, supervised and monitored for them to be effective (Lezin, 2017), and the task of training young people as peer educators lies in the hands of school educators. Tolli (2012) emphasises that effective peer educator programmes include thorough preparation, and choosing the best methods for designing and disseminating content, programme activities, monitoring and evaluation, among other functions. In sum, peer education programmes in schools can be seen as an effective strategy for dealing with teenage pregnancy among school-aged adolescents.

2.11.5 Educators and policy

Every institution of learning should have a well-documented and comprehensive workplace policy and procedure. Power (2012) describes a policy as a set of rules and principles that aim to guide workers as to how they should behave in a workplace, and also deal with different situations. Policies in schools can be available for different

reasons like teenage pregnancy, discipline, and substance and drug abuse. According to Power (2012), a well-developed policy will ensure that employees know what is expected of them with regard to handling certain issues, what decisions to make and how to treat others fairly. This also applies in a school. It is important to ensure that policies find their base in the Constitution of the Republic of South Africa Act (No. 108 of 1996), which ensures human dignity, achievement of equality and the advancement of human rights and freedoms. Section 21,1(a) states that "everyone has the right to basic education." One of the vital elements of basic education is sexual and reproductive health education, which must be taught by educators. Giving such education to teenagers will help them develop skills to manage relationships, delay sexual debut and help them discuss contraceptive issues, thus preventing early pregnancy.

Furthermore, Section 36,1(a) and (b) of the Constitution states that "everyone must have access to information." This calls for educators to make information available to teenagers on different issues like contraception, sexual matters and abortion. Information from reliable sources helps dispel myths which, according to Primarolo and Morrison (2010), are published by the media and figure in pornography, which increases pressure among the youths to have sex. The policy called Measures for the Prevention and Management of Teenage Pregnancy in Schools (2007) notes that it is vital that learners are fully informed about reproductive health matters so that they are able to make informed and responsible decisions. One of the key messages that is promoted by the policy is the prevention and reduction of pregnancy through abstinence to avert the risk of sexually transmitted diseases, including HIV/AIDS, and teenage pregnancy. This can be attained through sexual, moral and life skills education. The Policy states that it is also one of the duties of educators to advise learners to avoid early sexual encounters. According to the South African Schools Act (1996), basic education must contribute in the elimination of poverty. This can be done by ensuring that teenage pregnancy is averted by any means necessary, and ensuring that teenage girls are not deprived of education so that they can become active players in the economic development of the country. However, according to Holgate (2006), a law like the Child Care Act (Act No. 84 of 1996) fails the noble struggle against teenage pregnancy as it gives children of 12 a

right to access contraceptives as well as have an abortion without their parents' consent. In other words, the message is: "You can have sex and if you get pregnant you can have an abortion, and your parents do not have to know." The Choice on Termination of Pregnancy Act (Act No. 92 of 1996) provided abortion on demand for pregnancies of less than 12 weeks. This can also be obtained without parental consent. Even though this act helped minimise deaths because of back-street abortions, it got misused by teenagers who fell pregnant unnecessarily and deliberately. According to the South African Schools Act, pregnant teenagers are not to be expelled from schools. This on its own sets a very bad example to other teenagers to get pregnant. Bandura (1977) refers to this as a "modelling effect".

2.12 SUMMARY

Thus far, the review of related literature has focused on rates and trends of teenage pregnancy, and related matters like teenage sexuality, contraception and abortion. It has also focused on how the family's situation contributes to teenage pregnancy. Educators, as one of the stakeholders within the educational sector, have been identified in this chapter as key in campaigning against teenage pregnancy and its associated complications. This chapter has highlighted knowledge as a key weapon in fighting this scourge. The next chapter will focus on the methodology of the study.

CHAPTER THREE
RESEARCH METHODOLOGY AND DESIGN

3.1 INTRODUCTION

This chapter gives a detailed description of how this study was conducted so that high quality and meaningful results were attained about factors contributing to learner pregnancy within King Cetshwayo District secondary schools. For this study a quantitative approach was used. Kumar (2014) notes that a quantitative method as a mode of enquiry is rooted in the philosophy of rationalism, follows a rigid, structured and predetermined set of procedures to explore, aims to quantify the extent of variation in a phenomenon, emphasizes the measurement of variables and the objectivity of the process, believes in substantiation on the basis of a large sample size, gives importance to the validity and reliability of findings and communicates findings in an analytical and aggregate manner, while drawing conclusions and inferences that can be generalized.

This approach helps with the enhancement of research and enrichment of data collected. This chapter focuses on the research design, methodology used for researching, sampling, instrumentation used to collect data, data analysis, ethical considerations and the delimitation of the study.

3.2 DELIMITATION OF THE STUDY

This section defines the parameters of investigation of the study. The study was based in King Cetshwayo District, formerly known as uThungulu District. King Cetshwayo District is in KwaZulu-Natal province, which consists of 12 education district offices: Vryheid, Amajuba, iLembe, uThukela, Obonjeni, Sisonke, Ugu, Pinetown, uMgungundlovu, Umlazi, uMzinyathi and King Cetshwayo. The researcher chose King Cetshwayo District because it has secondary schools found in rural, urban and peri-urban areas. This provided the researcher with various settings for data collection. King Cetshwayo District is also one of the districts that is highly affected by teenage

pregnancy, which made it relevant for the study. The district is made up of five circuits, which are Umlalazi, Umfolozi, Nkandla, uMhlathuze and Mthonjaneni. The study focused on schools found in uMhlathuze and Umfolozi circuits: they are Manqamu, Mkhayideni, Dlamvuzo, Mbuyiseni and Masakhane secondary schools.

3.3 RESEARCH PARADIGM

Mertens (2015) defines a paradigm as a way of looking at the world based on philosophical assumptions that guide direct thinking and action. This means that in this study a paradigm influenced the way the research was conducted, and how the researcher interacted with his or her study participants. One research paradigm was implemented in the study since it is a quantitative study, and that is a positivist paradigm.

3.3.1 Positivist paradigm

Researchers implementing this paradigm used the quantitative study design (Mertens, 2015). Unlike in the interpretive paradigm, positivist researchers do not see themselves as collaborative in the process of generating knowledge with the participants (Mertens, 2015). These researchers believed that they are separate, with no relationship with the researched area or topic. They will come with their own explanation of the phenomenon studied (teenage pregnancy) rather than accepting the information already available about the phenomenon. They are objective in their approach, and there is no personal bias introduced in the study (McMillan & Schumacher, 2010). Data collected by positivists are numerical and measurable (quantitative). As stated above, positivists believe in being independent of their research, and objective. They will share what will come out as findings.

3.4 THE CHOICE OF METHODOLOGY

Kumar (2014) explains the different modes of enquiry that are used to collect data for a study, namely the quantitative, qualitative and mixed method. The quantitative approach was used in this study.

3.4.1 Quantitative approach

Questionnaires were used to gather quantitative data for the study. Questions for the questionnaires were compiled using the objectives and research questions. Kumar (2014, p. 178) states that since no one is there to explain the meaning of the questions, "questions must be clear and easy to understand." This was facilitated by translating questionnaires into the vernacular for the benefit of the learners. The questionnaires for both educators and learners consisted of three sections: Section A, which requested biographical data of participants; Section B, which had closed-ended questions about participants' experience with learner pregnancy; and Section C, which had open-ended questions about ways of preventing teenage pregnancy. The questionnaires also provided a space for participants to provide general comments about teenage pregnancy in their respective schools in King Cetshwayo District. Open-ended questions catered for the "descriptive quantitative" mode of enquiry, which provided for the examination of teenage pregnancy as it exists in its current state. This study focused on educators and learners from whom quantitative data were extracted. From the educators and learners, the researcher collected data on how members of the group understood the phenomenon at hand, which was teenage pregnancy, and the factors contributing to it, with the aim of finding solutions to the menace.

3.5 STUDY SETTING

The study setting, also referred to as the context, is the environment that surrounds the group being studied (Creswell, 2012). This setting, or context, may be a physical location such as a school. For the study to be successful it is important that it be conducted in its

natural setting. According to Jonker and Pennink (2010), natural settings are real-life study environments, without any changes made for the purpose of the study.

As mentioned before, the study setting in this study was five secondary schools in Umhlathuze and Umfolozi circuits: Dlamvuzo, Masakhane, Mkhayideni, Mbuyiseni and Manqamu secondary schools. In conducting the study the researcher adhered to the natural settings. There was no manipulation of the environment. The researcher also gave no special treatment to participants which could influence the results of the study. Data were collected during school hours from Monday to Friday. This ensured that the participants remained in the natural surroundings they were used to.

3.6 STUDY POPULATION

Kumar (2014) defines the study population as the set of people who are the focus of the research, and from whom the researcher wants to determine some characteristics that will facilitate the study, In support of Lodico, Spaulding and Voegtle (2010), Kumar (2014) defines the study population as the totality of all the participants that conform to a set of specifications comprising the entire group of people that is of interest to the researcher, and from whom the research results can be generalized.

The target study population for this study comprised of learners from Grades 10 to 12. The population parameter was learners aged 15 to 19, both boys and girls. These learners attended the five secondary schools mentioned above.

3.7 RESEARCH SAMPLE

Kumar (2014) describes a research sample as a subset of the whole population which is actually investigated by the researcher, and whose characteristics will be generalized to the entire population. Each element of the research sample is called a unit of analysis. According to McMillan and Schumacher (2010), sampling has the following advantages:

- Gathering data is simplified, and takes less time.

- Gathering data is less costly.

A sample must have characteristics which are representative of the study population so that results can be accurately generalized. Such a sample is called a representative sample. For this study, the sample was made up of 25 learners aged from 15 to 19 from each of the 5 schools who agreed to take part in the study, and signed informed consent forms with their parents. This gave a total of 125 learners from the five schools. For this study the researcher used purposive sampling which involved using the researcher's judgement with the help of life orientation educators in selecting information rich individuals to partake in the study. Such individuals provided best and relevant information for the study.

The sampling procedure involved briefing learners about the study as to what it was about, the importance of the information to be retrieved about factors contributing to teenage pregnancy in King Cetshwayo district. The briefing involved learners who were pregnant and those who already have babies. In the briefing it was unveiled to learners that some of the questions could be sensitive and that should they not wish to answer such questions they are at liberty to do so. They were reminded that they are also at liberty to withdraw from the study should they wish to do so at any time. This was to ensure that no participant gets victimised through the process. It is then that the participants assented to partake in the study. Educators were also briefed about the study and the importance of the data that was to be retrieved so that they own the study.

Five educators inclusive of life orientation educators were sampled from each school. Life orientation educators were sampled because they teach basic sexuality education and interact mostly with pregnant teenagers. The researcher felt that educators must be part of the study on top of core participants (learners) because they also are directly affected by teenage pregnancy. The researcher felt that educators were to supplement information provided by learners on factors contributing to teenage pregnancy. They also came with a different dimension from the learner's one on teenage pregnancy. Five educators were

selected to partake in the study from each of the learner's school to make a total of 25 educators in all.

3.8 RESEARCH TOOLS

3.8.1 The questionnaire as the research tool

Questionnaires (educators' and learners') were used as a research tool in this study (see Appendix 10 & 11). McMillan and Schumacher (2010) define a questionnaire as an instrument used to retrieve data from research participants. Kumar (2014) and Creswell (2012) concur with McMillan and Schumacher (2010), and declare that a questionnaire is a list of questions completed by participants in a quantitative data gathering process. This is done to fulfil the objectives and answering of the research questions.

3.8.2 Format of the research questionnaires

Both the educator and learner questionnaires were made up of three sections: Section A (biographical data), Section B (closed-ended questions), and Section C (open-ended questions). Section A was meant to be an ice-breaker for the research participants, where they gave information about themselves. In Section B, the research participants responded to questions with a tick. This section of the questionnaire sought information about factors contributing to learner pregnancy in King Cetshwayo District secondary schools, determined whether there was a relationship between family background and teenage pregnancy, and lastly sought information as to the role teacher's play in mitigating factors contributing to teenage pregnancy in King Cetshwayo District secondary schools. In Section C the research participants wrote answers in their own words. Answers to open-ended questions supplemented those to closed-ended ones. They also offered an opportunity for the participants to write down their views about the study topic.

3.8.3 Characteristics of a good questionnaire

Kumar (2014) maintains that a questionnaire does not have anyone to explain the meanings of questions to the respondents. This means that it must be self-explanatory. Other qualities a good questionnaire must have are:

- Questions must be clear and easy to understand.
- The layout must be user-friendly to participants, i.e. vivid and legible.
- Questions must have a user-friendly sequence.
- Questions must be differentiated from other writings with different fonts.
- Question wording must be clear to ensure the type of response required.

3.8.4 Advantage of using a questionnaire

There are a number of reasons that made the researcher settle for questionnaires in this study. Questionnaires proved to be less expensive than other modes of data collection like interviews and offered anonymity since no one had to write his or her name on it. They also presented an opportunity of obtaining relevant information from research participants as they gave them time to think and liberty to answer even sensitive information, since participants remained anonymous (Kumar, 2014).

3.8.5 Disadvantages of using a questionnaire

While questionnaires offered some advantages, they also had some disadvantages which could impede data collection for the study, and which the researcher tried by all means to eliminate. According to Kumar (2014), questionnaires cannot be administered to participants who are illiterate, very young, or old and handicapped. In this study the participants were literate, and to ensure comprehension of the questions the questionnaire was translated into the participants' vernacular. This helped with clarification of issues pertaining to questions and study objectives. Answers in the questionnaire, especially in Section B, were limited because, as has been mentioned, the participants had to respond with a mere tick. To try and mitigate this problem the researcher offered a space for

participants to write whatever extra information or comments about the previous questions they felt like writing. Kumar (2014) states that sometimes responses to some questions may influence answers to other ones. This can happen since the participants can go through all the questions in the questionnaire before answering them. This can affect the study.

3.9 PILOT STUDY

Carrying out a pilot study is to check if the study can conveniently be done using a particular research instrument to achieve quality and meaningful results. McMillan and Schumacher (2010) declare that a pilot test of a questionnaire is when the research instrument is administered to a limited number of participants (not part of the study) to find out if there are flaws in the instrument so that necessary adjustments will be made. For this study, the researcher piloted the questionnaire in one secondary school in King Cetshwayo District. This school was not part of the actual study.

McMillan and Schumacher (2010) assert that to achieve the correct feedback, pilot tests must be administered to the same sample of participants that will be part of the study. The pilot test of instruments was administered to participants of the same age group, grades and schools of the study. To get the feedback from the pilot study, participants were offered a space to comment about the items of the questionnaires they felt were peculiar and needed clarification.

By administering the pilot study the researcher was able to identify spelling mistakes, correct poorly worded questions, and simplify other questions which seemed difficult to understand. A pilot study ensured that the research instrument is valid and reliable.

3.10 THE ACTUAL STUDY

3.10.1 Administration of the questionnaire

The researcher administered the questionnaire to the schools that were part of the study after he had piloted it and effected necessary adjustments to it. The process started with a meeting between the researcher and the principal of the school, where the researcher presented the principal with a letter requesting permission to conduct a study of the school. Attached in the letter was an ethical clearance certificate from the university, and a permission letter to conduct a study in KwaZulu-Natal schools from the KwaZulu-Natal Department of Basic Education. In the meeting with the principal the researcher explained what the study was about, and how it could be facilitated in the school. The researcher also requested the life orientation educator to help with the study. He asked the principal to recruit five educators who were to be participants in the study (including the principal). After the meeting the principal and the researcher met with the life orientation educator to explain about the study, and how he or she could help facilitate it. The researcher requested the life orientation educator to recruit twenty-five information-rich and vocal learners who were going to be part of the study, both boys and girls aged 15 to 19. Informed consent forms were distributed to be filled in by the participants and their parents. When these were returned, a date to administer the questionnaire was set up. On the set date the questionnaire was administered with the help of the life orientation educators.

3.11 VALIDITY AND RELIABILITY OF QUANTITATIVE RESEARCH

One of the key factors that determine the success of a study is the accuracy and quality of the data extracted from study participants. Accurate and quality data facilitate the drawing of proper conclusions, and achieving quality results. It is important for the procedures used to collect data to be precise and meet the standards set. This is possible if the instrument used to collect data is valid and reliable. This will ensure the success of the study.

Kumar (2014) defines validity as the ability of an instrument to measure what it is designed to measure. He says that there are different types of validity:

- Face and content validity
- Concurrent and predictive validity
- Construct validity

For this quantitative study, the questionnaire was used to extract data from study participants. For the study's success, the research instrument had to be validated. This was done by ensuring that the research questions and objectives were answered through the questionnaire. This involved editing some of the questions in the questionnaire and aligning them with the objectives of the study. To further ensure the validity of the instrument, it was given to other researchers for their opinion on its validity. The researcher was able to attain predictive validity by piloting the research instrument before the actual study. This made it possible for him to predict the outcome of the study. Concurrent validity was attained when the research instrument was used for the second assessment during its piloting, and attained similar results.

Kumar (2014) states that construct validity is the setting of an instrument to measure what it is supposed to measure. This means that questions in the questionnaire have been constructed so that they answer research objectives and questions. Construct validity is based on statistical procedures. It determines if each of the instrument's constructs statistically contributes to the attainment of the goals of the study. For this study this was attained by piloting the instrument, and analysing data using the SPSS software to find out if each construct contributed to ascertaining what the factors are that contribute to learner pregnancy in King Cetshwayo District secondary schools.

According to Kumar (2014), a research instrument is considered to be reliable if it is consistent, stable, predictive and accurate. To check on the reliability of the research instrument it was piloted. This helped the researcher to pick up and correct ambiguous questions, correct poorly worded questions, and make grammatical adjustments where needed.

3.12 VERIFICATION OF DATA

Data collected from the study was confirmed to be authentic through trustworthiness, transferability, dependability and conformability processes. Trustworthiness is the key principle of qualitative and quantitative research. Boudah (2011) refers to trustworthiness as a concept of establishing the truth as well as the value of the study. To attain trustworthiness in this study the researcher had to convince his participants that the study was worth doing and investing time on as it was to yield results to benefit the nation. This was attained by the researcher building with study participants a relationship based on trust. The researcher further ensured participants' relaxation and openness by assuring them of confidentiality and anonymity throughout the duration of the study.

Transferability, according to Babbie (2013), refers to the extent to which findings of the study can be applied in other contexts with other respondents. Transferability enables readers of the research to make judgments based on the similarities and differences when comparing the research situation with their own. This can be attained by the researcher providing sufficient information for the readers to make such judgments (Mertens, 2010). In this study all questionnaire analysis was retained, and analysis was conducted in an organized manner as possible so that data could be readily accessible.

Bertram and Christiansen (2014) state that for dependability the study must provide its readers with proof that if it could be conducted with the same participants in the same context it would yield the same results. In this study dependability was attained after the examined data, findings, interpretations and recommendations could be supported by previous research.

Conformability, according to Babbie (2013), refers to the degree to which the findings of the research are a product of the inquiry, not the researcher's bias, or a figment of his or her imagination. Conformability also means that data could be traced back to their sources. In this study, with the help of the co-researcher, the researcher reviewed quantitative data from which the final report was written.

3.13 DATA ANALYSIS

Kumar (2014, p.297) attests that "data analysis is vital as it ensures that the researcher is on track with the research information." Data analysis also ensures that answers to research questions and objectives are deduced from the data. Since the study involved the use of a quantitative mode of inquiry, descriptive statistical analysis was used to analyse data. Data was edited for any raw elements and inconsistencies. According to Kumar (2014), levels or scales of measurement including frequencies, percentages and the mean are part of the descriptive statistical analysis. Factors contributing to teenage pregnancy in King Cetshwayo District could thus be deduced from the data collected and analysed.

Analysis of quantitative data involved coding of data from questionnaires to identify similarities and differences so that research themes could be created. Data was then recorded in the code book. Coded data was analysed using the computer facility known as the SPSS.

3.14 BIAS

Braun and Clarke (2013) refer to bias as a possibility for data to be distorted because of the lack of the researcher's objectivity. This means there is a possibility we influence research with our own personal views. Bias is one of the problems affecting students in qualitative research. It is important that attempts be made by the researcher to reduce bias by any means necessary. It manifests itself in many ways, as in interview, respondent, analyst and researcher bias. Babbie (2013) mentions conscious and subconscious bias. Researcher bias is inclusive of the researcher's beliefs, and his or her political, religious and racial attitudes. According to Mertens (2015), researchers as human beings can never be completely objective, especially when dealing with issues in the social sciences. They have expectations on the basis of their personal views. To try to eliminate bias in this study the researcher employed the services of an additional independent coder who assisted in analysing data from an objective point of view.

3.15 ETHICAL CONSIDERATIONS

Research brings together two types of people, the researcher and the participant in the research project. According to Flynn and Goldsmith (2013), there is power differential between the two which can lead to the rights of the participant being violated. This can happen intentionally or unintentionally. Research ethics aims at guarding against that. According to Flynn and Goldsmith (2013), research ethics places an emphasis on the humane and sensitive treatment of participants, who may be placed at different levels of risk by research procedures. It is thus important that the researcher ensures that the research plan passes an ethical evaluation before he or she proceeds with the research.

Ethical considerations of the research fall into two categories: principles of ethical research and ethical guidelines (Flynn & Goldsmith, 2013). These are outlined in the National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research (1978), and include, among other things, beneficence of treatment of participants, and respect and justice to be given to participants. Creswell (2012) declares that ethical considerations in research are always evolving and changing. It is thus important that the researcher keeps up to date with the developments in research ethics so that he or she does the right thing. According to this study, the following ethical considerations were adhered to:

- An ethical clearance certificate allowing the study to be conducted by the University of Zululand was issued by the Higher Degrees Committee (HDC) (see Appendix 1).
- The Head of the KwaZulu-Natal Department of Basic Education gave permission to conduct the study (see Appendix 3).
- The principals of participating schools gave permission for the study to be carried out in their respective schools (see Appendix 6).
- Research participants and their parents (or guardians) signed informed consent forms (see Appendix 8 and 9).
- Partnership based on trust and mutual respect was developed between the researcher and participating stakeholders.

Participants in the research were informed of the following:

- The aims of the research (verbally and in writing).
- That participation was voluntary.
- That they had a right to withdraw from the study whenever they wished to, and at any point in the study.
- That they had a right to privacy, anonymity and confidentiality.

3.15.1 Permission to conduct the study

To conduct a research project it is important to get approval from the respective authorities (Boudah, 2011). The researcher received permission to conduct the study from the University of Zululand Research Ethics Committee. This was after all requirements for conducting the study determined by the university were met and satisfied. The university then issued the Ethical Clearance Certificate (see Appendix 1).

To be able to access schools and research participants an application for conducting the research in schools was filed with the KwaZulu-Natal Department of Basic Education. Permission was granted by the Head of the Department (see Appendix 3). The period granted for the study was from 09/12/16 to 31/01/2019.

Access to schools and research participants for data extraction required permission from the district director, and the headmasters of the respective schools. This was duly sought (see Appendix 4). Appointments were made with principals and the life orientation educators of the chosen schools, where the researcher explained the purpose and importance of the study. Life orientation educators facilitated the recruitment of information-rich research participants. After the purpose and importance of the study was explained to the participants, they and their parents were asked to sign informed consent forms in preparation for the collection of data. Kumar (2014) states that it is important to explain the importance of the study so that participants will own the study and be motivated to share the needed information for its success.

3.16 SUMMARY

This chapter explicitly provided the research methodology and design implemented in this study which facilitated in illustrating factors contributing to teenage pregnancy in secondary schools within King Cetshwayo District. The researcher used questionnaires to collect data. Through data analysis he was able to identify key themes that emerged from the study. The following chapter will focus on the presentation, interpretation and data analysis of the study.

CHAPTER FOUR
DATA PRESENTATION, INTERPRETATION AND ANALYSIS.

4.1 INTRODUCTION

This chapter deals with presentation, interpretation and analysis of data collected from the study. The specific objectives for the study included: to explore the factors that contributed to teenage pregnancy within King Cetshwayo district secondary schools; to determine whether there is a relationship between family background and teenage pregnancy at the secondary school level; and to explore the role that can be played by educators in mitigating factors that contribute to teenage pregnancy within King Cetshwayo District secondary schools.

Data was collected through questionnaire. The questionnaires were administered to a sample of 25 educators, and 125 learners who were randomly selected from the five schools in the district. The demographic characteristics of the educators and learners are presented first before analysing their responses in line with the research objectives set for the study.

4.2 ANALYSIS AND PRESENTATION OF DATA COLLECTED FROM LEARNERS

4.2.1 Demographic data of the learners that participated in the study

The demographic characteristics of the learners featured in the research instrument include gender, age, race and grade. The instrument also asked some general questions of the learners, like whether a learner has a child or not, whether their parents had a child out of marriage or not, among others.

4.2.2 Learners' gender distribution

Data obtained from Table 4.1 below highlighted the gender distribution of the learners that participated in the study. The results as displayed on the table revealed that 66.4% of the learners were female, while the remaining 33.6% were male. The majority of the learners in the study, therefore, were female.

Table 4.1: Gender of the learners

Gender	Frequency	Percentage
Male	42	33.6%
Female	83	66.4%
Others	00	0.0%
Total	125	100%

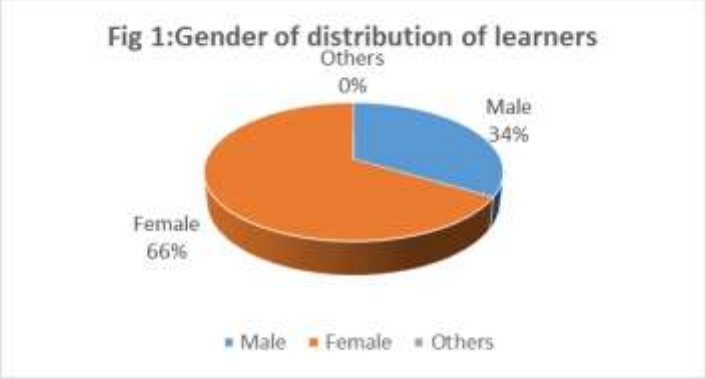

Figure 1: Gender of the learners

4.2.3 Grade of the learners

The distribution of learners according to their grades in schools was highlighted in Table 4.2. The majority of the learners that participated in the survey were in Grades 11 (36.8%) and Grade 12 (43.2%), followed by those in Grade 10 (20%).

Table 4.2: Grade of the learners

Grade	Frequency	Percentage
Grade 10	25	20%
Grade 11	46	36.8%
Grade 12	54	43.2%
Total	125	100%

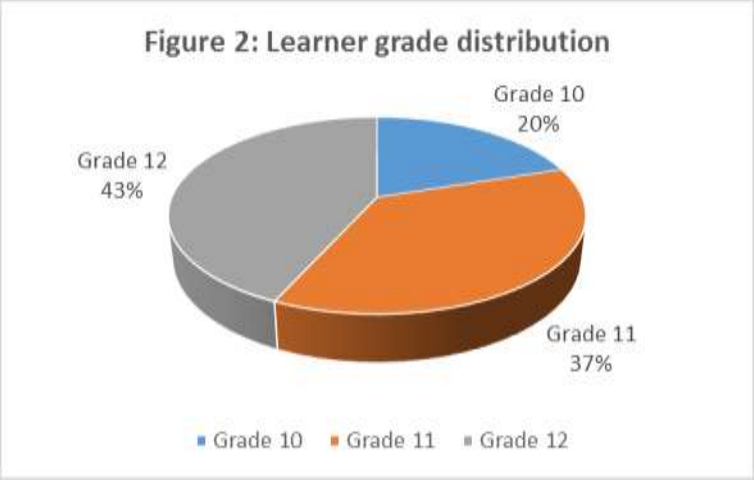

Figure 2: Grade of the learners

4.2.4 Learners' age distribution

Data obtained from Table 4.3 below highlighted the age of the learners that participated in the study. The results as displayed on the table revealed that 33.6% of the learners were 17 years old, followed by those who were 18 years old with 24.8%. Moreover, 12% of the learners were 19 years old, and those who were 16 and 15 years old constituted 10.4% and 15.2% respectively. The remaining 4% the learners were in their 20s.

Table 4.3: Age of the learners

Gender	Frequency	Percentage
15 years	13	10.4%
16 years	19	15.2%
17 years	42	33.6%
18 years	31	24.8%
19 years	15	12%
20 years & above	05	4 %
Total	125	100%

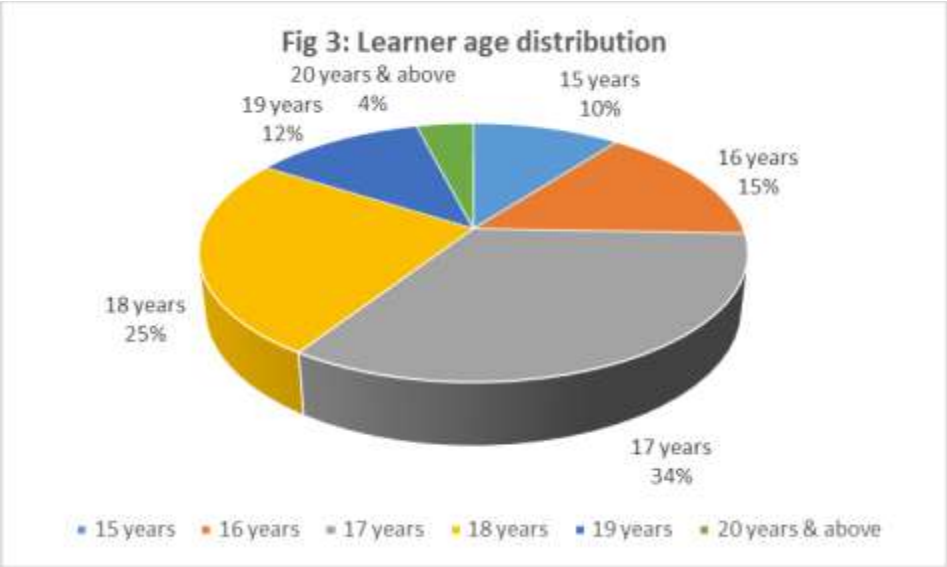

Figure 3: Age of the learners

With regard to the above learners' age distribution, it is important to note that different factors contribute to teenage pregnancy. Girls of 14 to 15 years of age mostly fall pregnant because of peer pressure, ignorance about contraceptives and the lack of sexuality health education. Girls of 16 years and above fall pregnant because they have developed love for material things like cellphones, trending clothing and hair styles. This make them to fall prey of male adults and indulge in transactional sex which is not protected. Social media and television has its role that it plays by exposing these teenagers to sexual scenes and pornography. Based on the data presented on the figure 3,

these teenagers represent the big age group in the school which is where the high pregnancy rate occurs.

4.2.5 Sexual and family life of the learners

The majority of the learners involved in this study (97.6%) were sexually active, as revealed in Figure 3. They were therefore aware of the issue of teenage pregnancy among school age adolescents in the district. Similarly, as revealed in Figure 4, 58.2% of them had given birth to at least one child while in high school. Most of the learners, as revealed in Figure 5, were living with parents or guardian who had had at least one child out of marriage. These results, therefore, validate the study of East et al. (2007) that found that children whose parents or guardian had a child as a teenager are at risk of early pregnancy.

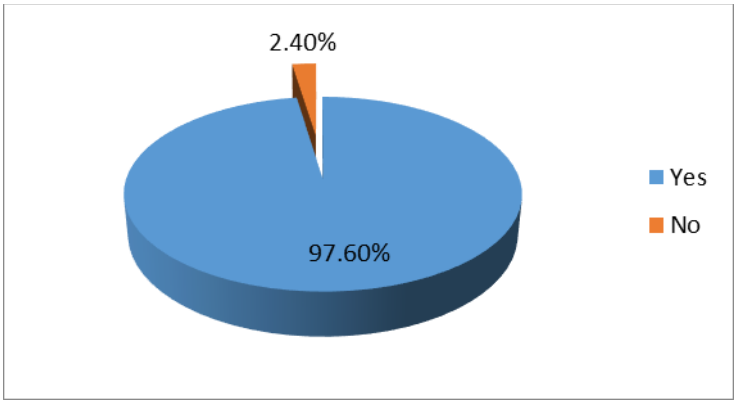

Figure 4: Are you sexually active?

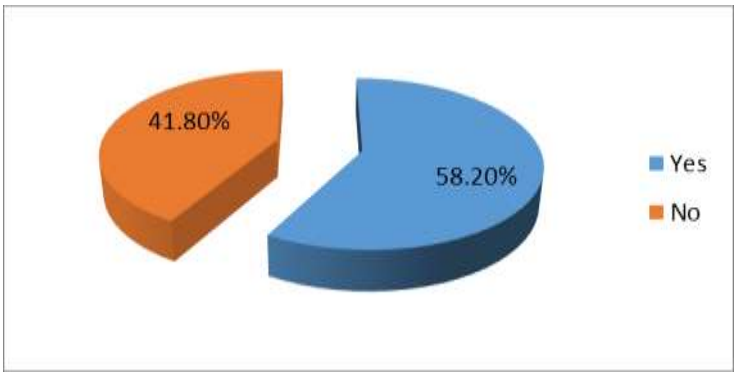

Figure 5: Do you have a child?

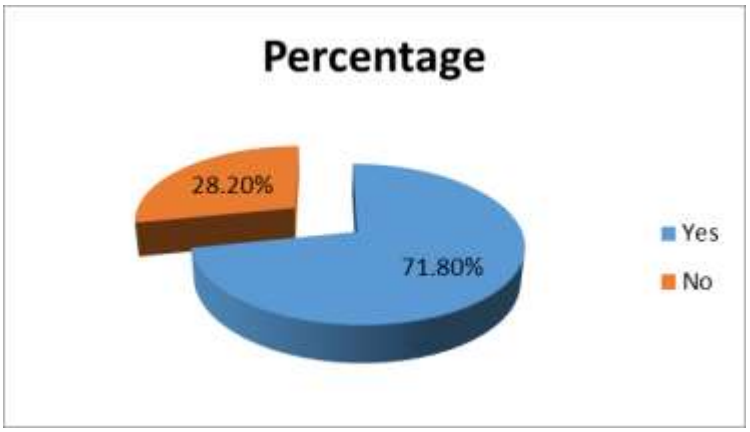

Figure 6: Did your parents or guardian have a child out of marriage?

4.3 ANALYSIS OF THE LEARNERS' VIEWS ON THE RESEARCH QUESTIONS

To analyse the learners' views on the questionnaire items produced from the research questions, the responses elicited were numerically quantified, and tabulated using the 5-rating Likert scale which was developed by Rensis Likert (Sullivan & Artino, 2013). The 5-rating scale comprises: SA – Strongly Agree (4 Points), A – Agree (3 Points), D – Disagree (2 Points) SD – Strongly Disagree (1 Points), and U – Undecided (0 Points). Furthermore, the score under each scale was weighted and mean calculated as:

0.0-0.9 = U

1.0-1.44 = SD

1.50-2.49 = D

2.50-3.49 =A

3.50-4.00 = SA

Research Question 1: What are the factors that contribute to the high rate of teenage pregnancy?

Table 4.4: Learners' view on the factors that contribute to the alarming rate of teenage pregnancy in King Cetshwayo District

S/No.	Factors	4 SA	3 A	2 D	1 SD	0 U	Total 80
1	Lack of knowledge about contraceptives	22	39	13	07	01	80
2.	Affairs between teenage girls and older men	37	31	7	5	0	80
3.	Teenagers get pregnant because they want social grant	24	38	11	05	02	80
4.	Media influences teenage girls to get pregnant	19	30	16	2	13	80
5.	Peer pressure contributes to teenage pregnancy	29	40	06	04	01	80
6.	Drug and alcoholic consumption among teenagers	33	38	02	05	02	80

Table 4.5: Mean analysis of the learners' view on the factors that contribute to the alarming rate of teenage pregnancy in King Cetshwayo District

S/No.	Factors	4 SA	3 A	2 D	1 SD	0 U	N 80	Total	Mean	Interpretation
1	Lack of knowledge about contraceptives	88	117	26	07	00	80	238	2.97	Agree
2.	Affairs between teenage girls and older men	148	93	14	05	0	80	260	3.25	Agree
3.	Teenagers get pregnant because they want social grant	96	114	22	05	00	80	237	2.96	Agree
4.	Media influences teenage girls to get pregnant	76	90	32	02	00	80	200	2.50	Agree
5.	Peer pressure contributes to teenage pregnancy	116	120	12	04	00	80	252	3.15	Agree
6.	Drug and alcohol consumption among teenagers	132	114	04	05	00	80	255	3.18	Agree

Research Objective 1 aimed to explore the factors that contribute to teenage pregnancy within King Cetshwayo District secondary schools. As shown in Tables 4.4 and 4.5, the majority of the learners sampled in the study agreed that factors such as lack of knowledge about contraceptive use, social grants paid to the nursing mothers, affairs between teenage girls and older men, media influence, peer pressure, and alcoholic consumption contributes to the alarming rate of teenage pregnancy in the district schools.

Research Question 2: What is the relationship between family background and teenage pregnancy?

Table 4.6: Learners' view on the relationship between family background and teenage pregnancy

S/No.	**Views**	**4 SA**	**3 A**	**2 D**	**1 SD**	**0 U**	**Total 80**
1	Family cultural background contributes to teenage pregnancy	04	03	44	21	08	80
2.	Family structure has a lot to do with teenage pregnancy	11	21	28	11	09	80
3.	Household poverty contributes to teenage pregnancy	41	26	06	06	01	80
4.	Grandparent-headed families are likely to record high rates of teenage pregnancy	19	31	17	10	03	80
5.	Poor communication between parents and teenage girls contributes to teenage pregnancy	28	25	06	09	12	80
6.	Level of education of parents contributes to teenage pregnancy	12	16	29	03	20	80
7.	Religion of the family contributes to teenage pregnancy	11	06	33	27	03	80

Table 4.7: Analysis of learners' view on the relationship between family background and teenage pregnancy

S/No.	Views	4 SA	3 A	2 D	1 SD	0 U	N 80	Total	Mean	Interpretation
1	Family cultural background contributes to teenage pregnancy	16	09	88	21	00	80	134	1.67	Disagree
2.	Family structure has a lot to do with teenage pregnancy	44	63	56	11	00	80	174	2.17	Disagree
3.	Household poverty contributes to teenage pregnancy	124	78	12	06	00	80	220	2.75	Agree
4.	Grandparent-headed families are likely to record high rates of teenage pregnancy	76	93	34	10	00	80	213	2.66	Agree
5.	Poor communication between parents and teenage girls contributes to teenage pregnancy	120	75	12	09	00	80	216	2.70	Agree
6.	Level of education of parents contributes to teenage pregnancy	48	48	58	03	00	80	157	1.96	Disagree
7.	Religion of the family contributes to teenage pregnancy	44	18	66	27	00	80	155	1.93	Disagree

Tables 4.6 and 4.7 revealed the analysis of learners' views on the relationship between family background and teenage pregnancy. The majority of the sampled learners agreed that there exists a significant relationship between household poverty, grandparent-headed families, and poor communication between parents and teenage girls and early pregnancy. However, learners disagreed on factors religion, culture and structure of the family. In the learners' views, these factors had no significant contribution to the high rate of early pregnancy among the school age teenagers.

Research Question 3: What roles should educators play in mitigating teenage pregnancy?

Table 4.8: Learners' view on the roles educators can play in mitigating teenage pregnancy

S/No.	Roles	4 SA	3 A	2 D	1 SD	0 U	Total 80
1	Peer educators' programme	21	47	04	05	03	80
2.	Sex education awareness campaign	19	39	17	01	04	80
3.	Implementation of learners' code of conduct in schools	34	17	08	02	19	80
4.	Promotion of sports and cultural activities in schools	40	29	08	02	01	80

Table 4.9:Analysis of learners' views on the roles educators can play in mitigating teenage pregnancy

S/No.	Factors	4 SA	3 A	2 D	1 SD	0 U	N 80	Total	Mean	Interpretation
1	Peer educators' programme	84	141	08	05	00	80	238	2.97	Agree
2.	Sex education awareness campaign	76	117	34	01	00	80	228	2.85	Agree
3.	Implementation of learners' code of conduct in schools	136	51	16	02	10	80	215	2.68	Agree
4	Promotion of sports and cultural activities in schools	120	87	16	02	00	80	225	2.81	Agree

Tables 4.8 and 4.9 present the views of learners on the roles educators should play in responding to the challenges of teenage pregnancy in schools. The roles identified by learners include the introduction of a peer education programme in schools by the educators, a sexual awareness campaign among learners, implementation of a learners' code of conduct in schools, and the promotion of sports and cultural activities to keep learners busy.

4.4 ANALYSIS AND PRESENTATION OF DATA COLLECTED FROM EDUCATORS

4.4.1 Demographic data of the respondents

The demographic characteristics of the participating educators featured in the research instrument include gender, age, race, qualifications, and years of teaching experience. The participants were asked to state their biographical data with the aim of determining whether demographic characteristics of educators have anything to do with their perception of sexuality and teenage pregnancy among school age adolescents. It was assumed that years of teaching experience, for instance, may influence the way educators view teenage pregnancy, especially among the school age adolescents, as the younger and less experienced teachers might not have adequate information about the factors that promote teenage pregnancy in schools.

4.4.2 Gender of the participants

Data obtained from Table 4.10 below highlighted the gender composition of the participants. The results as displayed in the table revealed that 68% of the sampled educators are female, and the remaining 32% are male. The majority of the respondents in the study, therefore, are female educators with understanding of teenage pregnancy among school age adolescents. Similarly, a study conducted by Atkins and Wilkins (2013) on the effects of teacher representation on teenage pregnancy rates revealed that female educators show greater interest in the campaign against teenage pregnancy in schools than their male counterparts, and the presence of female educators in school goes a long way in changing the attitude and behaviour of female students towards sexual health issues.

Table 4.10: Gender of the respondents

Gender	Frequency	Percentage
Male	8	32%
Female	17	68%
Total	25	100%

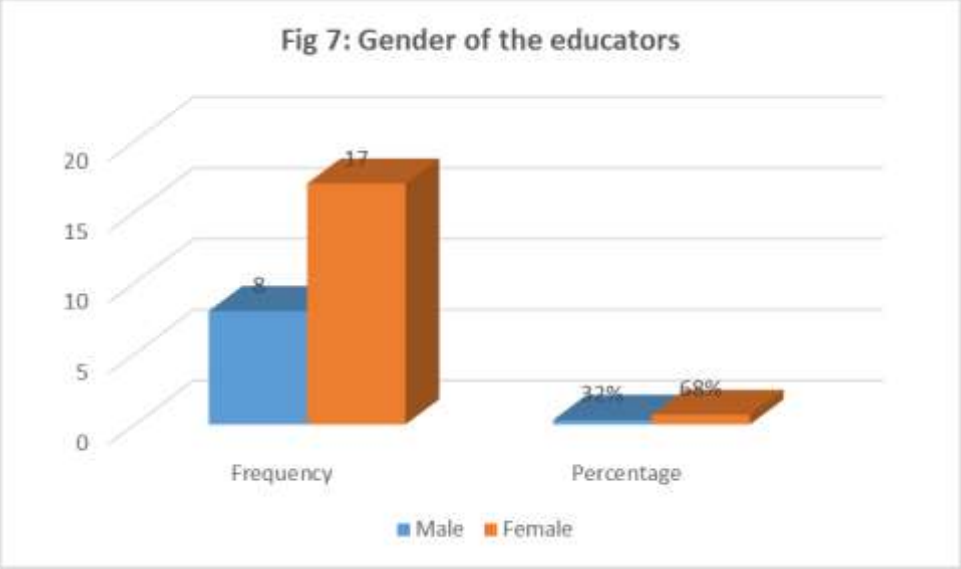

Figure 7: Gender of the respondents

4.4.3 Age of the participating educators

Data obtained from Table 4.2 below highlighted the distribution of the educators by age. The table revealed that 32% of the educators are aged 50 to 59, followed by those aged 40 to 49 and 20 to 29, with 24% each. Moreover, those aged 30 to 39 constituted 12.% of the respondents. This shows that the majority of the educators that participated in this study were those with a wealth of experience as evident in their age.

Table 4.11: Age of the educators

Age	Frequency	Percentage
20-29 years	06	24.%
30-39	03	12.%
40-49	06	24.%
50-59	08	32.%
Others	02	8%
Total	25	100%

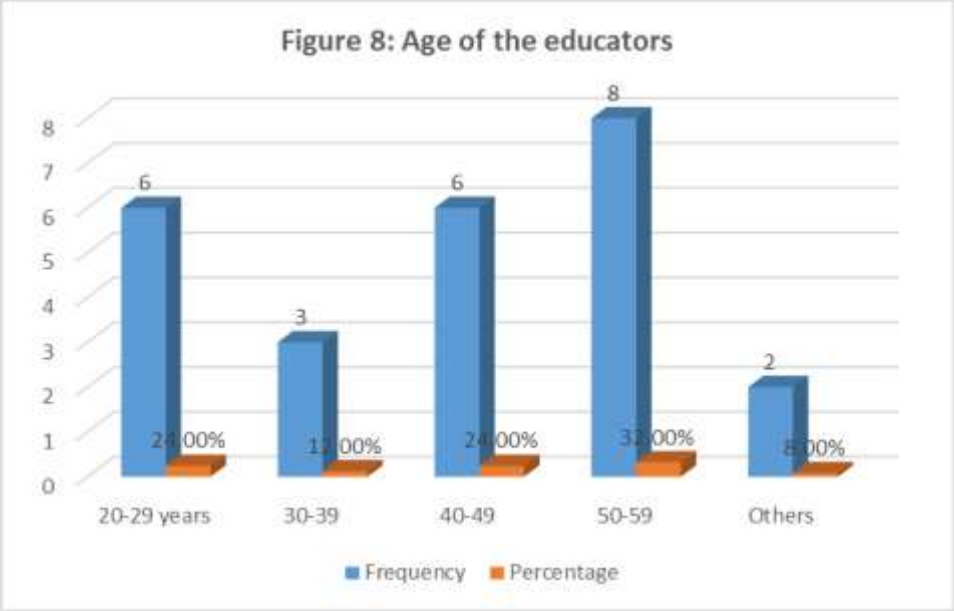

Figure 8: Age of the educators

4.4.4 Race of the participating educators

Table 4.3 captured the distribution of the sampled educators by race. The majority were black with 96%, while the remaining 4% percent were Coloured.

Table 4.12: Race of the educators

Race	Frequency	Percentage
Black	24	96.%
Coloured	01	4%
Indian	00	0.0%
White	00	0.0%
Total	25	100%

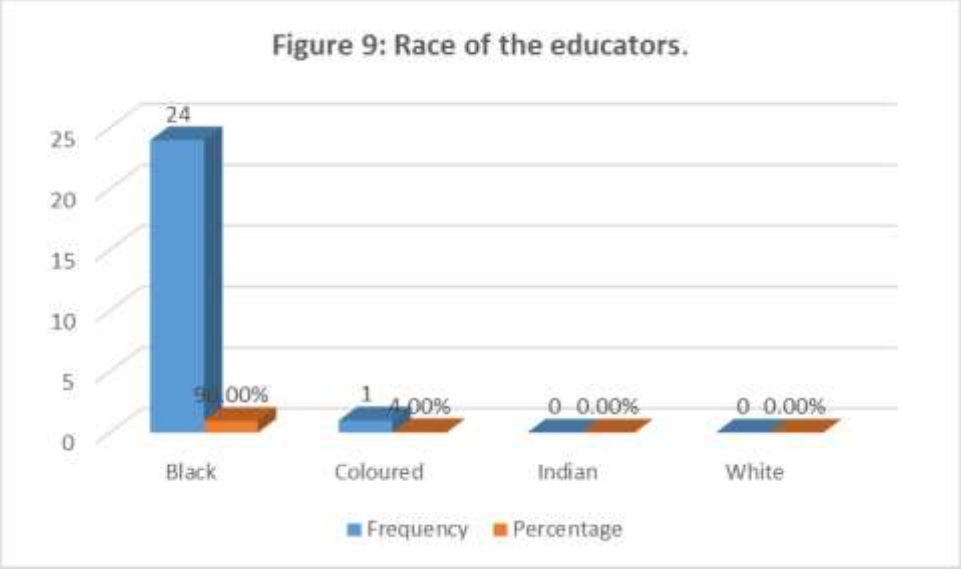

Figure 9: Race of the educators

4.4.5 Educators' years of working experience

Years of working experience of the sampled educators were presented in Table 4.4. 31.7% of the participants had up to 21 years of experience, while those with zero to five years of experience constituted 24%. Moreover, those with 11 to 20 years of experience represented 36% of the respondents, and the remaining 8% have six to ten years of experience. Thus, the majority of the sampled educators have between 11 and 21 years of experience.

Table 4.13: Working experience of the educators

Years of experience	Frequency	Percentage
0-5 years	06	24.%
6-10 years	02	8%
11-15 years	02	8%
16-20 years	07	28%
21yrs & above	08	32%
Total	25	100%

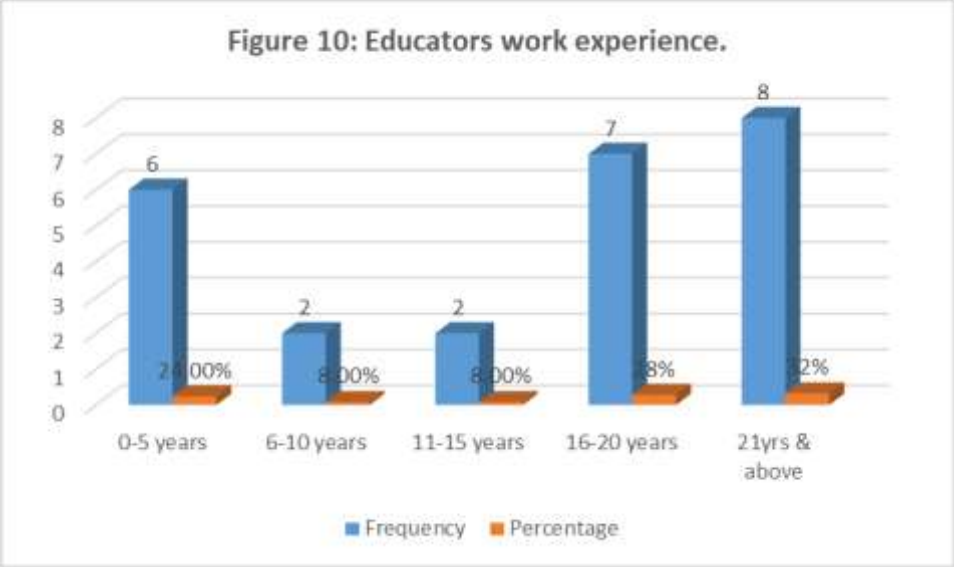

Figure 10: Working experience of the educators

4.4.6 Educators' educational qualifications

Educators' educational qualifications are shown in Table 4.5. The results revealed that the majority of educators possessed a Bachelor's degree (60%), while others possessed a Teacher's Diploma (16%), postgraduate degree (12%), and other certificates (12%) not mentioned on the instrument.

Table 4.14: Qualifications of the educators

Qualifications	**Frequency**	**Percentage**
Teacher's Certificate	00	0.0%
Teacher's Diploma	04	16 %
Bachelor's degree	15	60 %
Postgraduate degree	03	12 %
Others	03	12.%
Total	25	100%

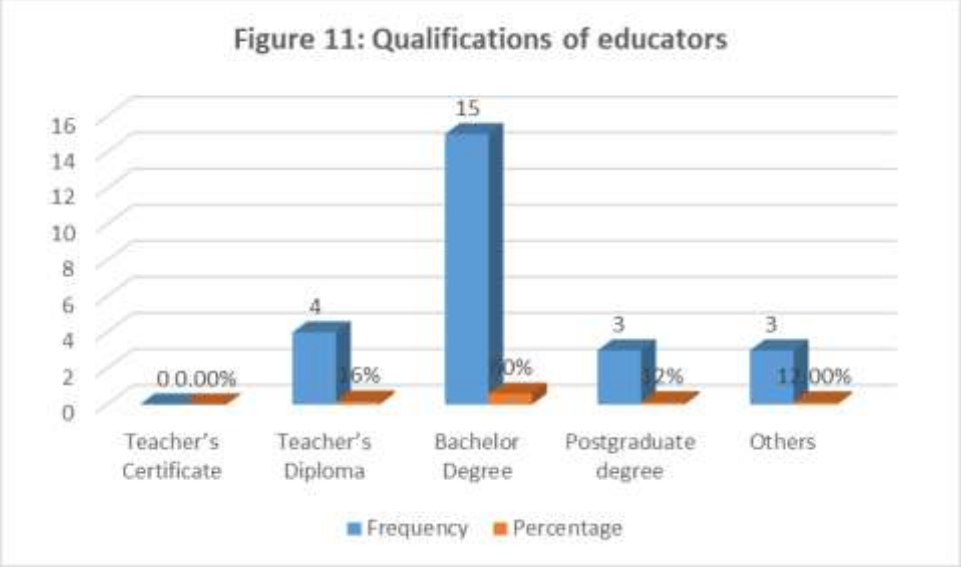

Figure 11: Working experience of the educators

4.5 ANALYSIS OF THE EDUCATORS' VIEWS ON THE RESEARCH QUESTIONS

Research Question 1: What are the factors that contribute to the high rate of teenage pregnancy?

Table 4.15: Respondents' view on the factors that contribute to the alarming rate of teenage pregnancy in King Cetshwayo District

S/No.	Factors	4 SA	3 A	2 D	1 SD	0 U	Total 16
1	Lack of knowledge about contraceptives	07	02	04	2	1	16
2.	Affairs between teenage girls and older men	4	7	2	3	0	16
3.	Teenagers get pregnant because they want social grants	7	5	1	2	1	16
4.	Media influences teenage girls to get pregnant	9	3	1	2	1	16
5.	Peer pressure contributes to teenage pregnancy	6	7	1	1	1	16
6.	Drug and alcohol consumption among teenagers	8	4	1	1	2	16

Table 4.16: Analysis of respondents' view on the factors that contribute to the alarming rate of teenage pregnancy in King Cetshwayo District

S/No.	Factors	4 SA	3 A	2 D	1 SD	0 U	N 16	Total	Mean	Interpretation
1	Lack of knowledge about contraceptives	28	06	08	02	0	16	44	2.75	Agree
2.	Affairs between teenage girls and older men	16	21	04	03	0	16	44	2.75	Agree
3.	Teenagers get pregnant because they want social grants	28	15	02	02	0	16	48	3.0	Agree
4.	Media influences teenage girls to get pregnant	36	15	02	02	0	16	55	3.40	Agree
5.	Peer pressure contributes to teenage pregnancy	24	21	02	01	0	16	48	3.0	Agree
6.	Drug and alcohol consumptions among teenagers	32	12	02	01	0	16	47	2.93	Agree

The tables 4.15 and 4.16 show that the majority of educators that participated in the survey agreed that lack of knowledge about contraceptive use, love affairs between schoolgirls and older men, social grants, media, drugs and peer pressure are the factors contributing to the rising rate of teenage pregnancy in King Cetshwayo District. These results tally with the one obtained from the learners as highlighted in Tables 4.4 and 4.5.

Research Question 2: What is the relationship between family background and teenage pregnancy?

Table 4.17: Respondents' view on the relationship between family background and teenage pregnancy

S/No.	Views	4 SA	3 A	2 D	1 SD	0 U	Total 16
1	Family cultural background contributes to teenage pregnancy	0	3	6	5	2	16
2.	Family structure has a lot to do with teenage pregnancy	1	3	3	5	4	16
3.	Household poverty contributes to teenage pregnancy	7	6	1	1	1	16
4.	Grandparent-headed families are likely to record high rates of teenage pregnancy	6	4	2	1	3	16
5.	Poor communication between parents and teenage girls contributes to teenage pregnancy	5	6	2	1	2	16
6.	Level of education of parents contributes to teenage pregnancy	7	6	1	1	1	16
7.	Religion of the family contributes to teenage pregnancy	2	6	2	3	3	16

Table 4.18: Analysis of respondents' view on the relationship between family background and teenage pregnancy

S/No.	Views	4 SA	3 A	2 D	1 SD	0 U	N 16	Total	Mean	Interpretation
1	Family cultural background contributes to teenage pregnancy	00	09	12	05	0	16	26	1.62	Disagree
2.	Family structure has a lot to do with teenage pregnancy	04	09	06	05	0	16	24	1.50	Disagree
3.	Household poverty contributes to teenage pregnancy	28	18	02	01	0	16	49	3.06	Agree
4.	Grandparent-headed families are likely to record high rates of teenage pregnancy	24	12	04	01	0	16	41	2.56	Agree
5.	Poor communication between parents and teenage girls contributes to teenage pregnancy	20	18	04	01	0	16	43	2.68	Agree
6.	Level of education of parents contributes to teenage pregnancy	28	18	02	01	0	16	49	3.06	Agree
7.	Religion of the family contributes to teenage pregnancy	08	18	04	03	0	16	33	2.06	Disagree

Just like the learners, the majority of the educators sampled disagreed that the culture, structure and religion of the family contributes to the rising rate of teenage pregnancy. Moreover, they agreed that a significant relationship exists between grandparent-headed families, household poverty, poor communication with teenage daughters and teenage pregnancy in the district. However, the majority of the sampled educators agreed that the level of education of parents contributes to teenage pregnancy in the district. This finding is contrary to the one obtained from the learners, who disagreed.

Research Question 3: What roles should educators play in mitigating teenage pregnancy?

Table 4.19: Respondents' view on the roles that educators can play in mitigating teenage pregnancy

S/No.	Factors	4 SA	3 A	2 D	1 SD	0 U	Total 16
1	Peer educators' programme	7	6	1	0	2	16
2.	Sex education awareness campaign	7	8	0	0	1	16
3.	Constant dialogue between educators and communities	5	6	3	0	2	16
4.	Implementation of learners' code of conduct in schools	4	7	3	2	0	16
5.	Promotion of sports and cultural activities in schools	4	9	2	0	1	16

Table 4.20: Analysis of respondents' views on the roles that educators can play in mitigating teenage pregnancy

S/No.	Factors	4 SA	3 A	2 D	1 SD	0 U	N 16	Total	Mean	Interpretation
1	Peer educators' programme	28	18	02	0	0	16	48	3.0	Agree
2.	Sex education awareness campaign	28	24	00	00	0	16	52	3.25	Agree
3.	Constant dialogue between educators and communities	20	18	06	00	0	16	44	2.75	Agree
4.	Implementation of learners' code of conduct in schools	16	21	06	02	0	16	45	2.81	Agree
5.	Promotion of sports and cultural activities in schools	16	27	04	0	0	16	47	2.93	Agree

In Tables 4.19 and 4.20, educators identified the roles they should play in responding to the challenges of teenage pregnancy in their schools. The roles identified by educators include strengthening the peer education programme in schools, introducing a sexuality awareness campaign among learners, implementing a learners' code of conduct in schools, and promoting sports and cultural activities which can keep learners away from the unhealthy practices that could lead to early pregnancy. These findings from educators are in conformity with the ones obtained from the learners.

4.6 ANALYSIS OF THE OPEN-ENDED QUESTIONS IN THE RESEARCH INSTRUMENT

4.6.1 What role should learners play in preventing teenage pregnancy?

Table 4.21 displayed the responses of educators to the open-ended question on the role learners could play in preventing teenage pregnancy. The question was asked in line with Research Question 1, which sought to find out the factors that contribute to the alarming rate of teenage pregnancy in the district.

Table 4.21: Educator's responses to the role that can be played by learners in preventing teenage pregnancy.

S/No.	School	Response
1.	School A.	*****Learners should make use of the clinical information about pregnancy and the use of contraceptives. They must listen attentively when the invited facilitators are speaking. What I know is that peer education can play a critical role in curbing the menace of teenage pregnancy in our schools. *Learners should learn more about the consequences of getting pregnant at an early stage of life. *Peer education should be encouraged among learners in such a way that experienced learners will educate the younger ones. *Learners need to have a comprehensive knowledge and understanding about abstinence, contraceptive techniques and consequences.

2.	School B.	*Learners should listen attentively and act on the information given to them about sexuality. *If learners realize they will not be able to control their sexual desires, they must go to clinics to get contraceptives. *Learners must abstain if they cannot use condoms or other contraceptives. *Learners must be encouraged to engage in sporting activities, join youth organizations, and keep away from substance abuse.
3.	School C.	*Learners should not have sex until they are mature enough or feel they would be able to start a family life. * No comment. *They must learn how to abstain. *They need to be responsible and educate themselves about sexuality. They need to remain focused on their studies rather than rushing into adult life.
4.	School D.	*Learners can form support groups where they will be able to share experiences, their fears and things they want to try out. This will go a long way in helping each other as learners. *Learners should avoid being in relationships at a young age, and be aware of people they surround themselves with. *Learners should abstain from sex or use condoms. *They should abstain from sexual intercourse or use condoms.
5	School E.	*Learners should focus on their studies. *Learners should be actively involved in sport to avoid idleness. *Learners should be part of traditional practices like virginity testing. *Learners should use protection if they start being sexually active.

4.6.2 What other things do you think educators can do to prevent teenage pregnancy?

Table 4.22 below displayed the responses of educators to the open-ended question on the role educators could play in preventing teenage pregnancy. The question was asked in line with Research Question 3, which sought to find out the role educators can play in preventing teenage pregnancy.

Table 4.22: Educators' responses to things they can do to prevent teenage pregnancy

S/No.	School	Response
1.	School A.	*****Educate the learners about teenage pregnancy, encourage them to participate in sport activities. *Educators, especially life orientation teachers, must ensure that learners are well educated and informed about sexual and reproductive health, and they must encourage learners to adhere to the information and caution provided in their textbooks about prevention of teenage pregnancy. *Encourage learners to be involved in sporting activities as a way of keeping them busy. *Provide career counselling for learners and life skills programmes through drama. Allow learners to hear from their peers. Allow those learners who had become victims of teenage pregnancy to share their stories.
2.	School B.	*Educators must ensure that learners who get pregnant in school must stay at home and not be accommodated in school. *Educate learners about teenage pregnancy. *Educators need to be more vocal on the issues of teenage pregnancy. *They should talk to parents on the need to conduct after-school orientation for their children on sexual and reproductive health.
3.	School C.	*Educators should emphasize abstinence from sex rather than the use of contraceptives. *Tell the teenage girls about the disadvantages of being a teenage mom, and boys about the difficulties of being a young dad. *Educators must always be close to their learners in order to study and understand them better. *Educators must not deny learners sexual education and life skills.
4.	School D	*Educators should stop having sex with learners because not only does it contribute to teenage pregnancy, but it also affects the psychological wellbeing of the learners.

		*They should encourage learners to open up to them if they have any problem, and always talk to the learners about matters of sex. *Educate learners more on their sexuality. *They should ensure that condoms are easily available to learners in their schools.
5	School E	*Educators should strive to get parental support in their struggle against teenage pregnancy. *They must organize campaigns on teenage pregnancy. *Male educators should have sessions with boys on learner pregnancy; so should female educators. *Educators must develop policy on learner pregnancy and continuously cascade it to learners.

4.6.3 What do you think families can do to prevent teenage pregnancy?

The question was asked in line with Research Question 2, which sought to find out if there is a relationship between family background and teenage pregnancy.

Table 4.23: Educators' responses on what families can do to prevent teenage pregnancy

S/No.	School	Response
1.	School A.	*****Talk to their children, especially girls, about sex-related issues. *They should allow their children to voice their feelings. Parents should not be afraid to ask their children about anything related to their sexuality. *Explain to their children clearly about every unpleasant thing that occurs to a person that gets pregnant at a young age. *Inform their female children about the use of contraceptives to prevent early pregnancy. We also need to know our children's friends and their parents.
2.	School B.	*Parents and families should be strict with their children and monitor them

		strongly. *Parents must educate their children about sexuality. *Families need to teach their children about societal values and stages of development of man. *Families must always organize constant discussions about the sexuality of their children. *Parents must speak to their children about the dangers of teenage pregnancy.
3.	School C.	*Open a distinct line of communication with their children on the issue of sexuality in order to make them feel free to discuss issues of sex. *Parents must handle with care the communication about sexuality with their children, otherwise the unexpected will happen. *Education is the key. Parents must always educate their children on their sexuality. *Parents need to be actively involved in the sexuality of their children. They must start educating their female children right from the age of 13.
4.	School D.	*Parents should establish strong communication with their children. I think it is better to have a child that is able to talk to you about anything because it puts you in a better position to advise that child once she starts being sexually active. *They should talk about sex issues to their children and encourage them to open up about anything happening to them. *Parents should take a lead and tell their children about the consequences of getting pregnant at an early stage. *Parents must create an enabling environment for their children to be able to speak freely with them.
5.	School E.	*Parents must befriend their children so that it is easy to discuss issues like sex. *Parents must offer domestic-level sexual health education. *Parents need to promote traditional practices like virginity testing. *Parents must monitor their children.

4.6.4 Are there any other comments you would like to make?

Table 4.24: Concluding remarks from the educators

S/No.	School	Response
1.	School A.	*****I would like our government to consider assigning professional nurses to public schools and make sure that the school health programme is intensified, and visits to rural schools are done often. *I would like to see that the use of sexuality awareness campaigns becomes popular in schools and communities, especially in churches and public meetings. *I would like to emphasize the need to instil pregnancy policy in all schools. *Communities and schools must work together to prevent teenage pregnancy. I am also of the opinion that schools should put up more stringent policies (codes of conduct) to prevent teenage pregnancy.
2.	School B.	*I am of the opinion that government's social grant should be discouraged for teenagers, and when a learner gets pregnant, she should not be allowed in school. *No comment. *I am of the opinion that the issue of sexual education cannot be addressed by school alone. Schools, communities and families must team up together to deal with this critical issue that is causing teenage pregnancy to rise. *Religious organizations like churches must use their platforms to speak against teenage pregnancy.
3.	School C.	*I think abstinence among teenagers should be emphasized over contraceptives. *Government should stop giving grants to teenage mothers because it encourages young girls to get pregnant at school. *Families should have open discussions with their children on the

		danger of teenage pregnancy. *No comment.
4.	School D.	*The percentage of teenage pregnancy in schools increases every year, and I think all stakeholders should come together to eradicate this pandemic. *No comment. *The Department of Education should review the policy on how to deal with such cases, because all that the learners are doing these days is protected by the government. *Teenage pregnancy is one of the greatest problems that the communities in South Africa need to deal with.
5.	School E.	*Schools must distribute condoms because teenagers have sex. Let them have protection readily available. *Educators must be trained to deal with teenage pregnancy because it is a reality happening in our schools. *The government must come with stricter policies to fight teenage pregnancy. *Boys impregnating girls must account for the pregnancy

4.7 SUMMARY

In this chapter a questionnaire was used to the collected data on factors contributing to teenage pregnancy in King Cetshwayo District secondary schools. Data collected was presented, interpreted and analysed. Information from literature reviewed supplemented data collected. The following chapter will focus on the summary of the whole study, discussion of findings and recommendations from the study findings and conclusion of the study.

CHAPTER FIVE
DISCUSSION OF FINDINGS, SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

In the Chapter 3, empirical research was conducted. In Chapter 4 presentation of quantitative data and analysis in relation to the objectives of the study was done. In this chapter, chapter 5 empirical research and analysed data were then integrated to present the discussion of the findings of the study, conclusion, limitations and recommendations in an attempt to solve the study problem.

5.2 SUMMARY OF THE STUDY

Chapter 1 introduced the whole study and gave an overview of it. The chapter comprised of the following sections: the introduction (1.1); the background of the study (1.2); a preliminary literature review (1.3); a theoretical framework (1.4); problem statement (1.5); research objectives (1.6); research questions (1.7); definition of key terms (1.8); method of the study (1.9); data analysis (1.11); delimitation of the study (1.12); body of knowledge (1.13); harvesting the research (1.14); resources (1.15); structure of the study (1.16); ethical considerations (1.17); declaration by candidate (1.18); declaration by the supervisor (1.19); work schedule (1.20); and chapter summary (1.21). Items making up this chapter gave the researcher the impetus to pursue the study, and gave the study its direction.

In Chapter 2 the researcher reviewed literature on teenage pregnancy to link what he intended doing with what had been done previously, so that he knew how the findings of this study would contribute to the existing body of knowledge on the topic (2.1). Chapter 2 also focused on rates and trends in teenage pregnancy. This included teenage sexual

debut (2.2.1); pregnancy rates in South Africa and King Cetshwayo District (2.2.2); trends in the use of condoms and other contraceptives (2.2.3); illicit abortions as an unfortunate consequence of teenage pregnancy (2.2.4); HIV/AIDS prevalence in South Africa as a consequence of teenage pregnancy (2.2.5); decrease in teenage fertility (2.2.6).

Chapter 2 also focused on factors contributing to teenage pregnancy, which were elaborated on as lack of, siblings' teenage sexual health education (2.3.1); the child support grant (2.3.2); attitudes of health care workers (2.3.3); child-headed homes (2.3.4); and lack of availability and accessibility of contraceptives (2.3.5).

Furthermore, Chapter 2 paid attention to the relationship between family background and teenage pregnancy. Family background as a contributing factor to teenage pregnancy was elaborated on (2.4.1); family history birth histories and teenage pregnancy were discussed (2.4.2); family structure and teenage pregnancy were explored (2.4.3); family values and role modelling as contributing factors to teenage pregnancy were discussed (2.4.4); parental style, monitoring and support as contributing factors to teenage pregnancy were investigated (2.4.5); and family poverty as a contributing factor to teenage pregnancy was also discussed (2.4.6).

The role of educators in mitigating factors that contribute to teenage pregnancy was investigated in Chapter 2. This included a focus on educators and sexual reproductive health education (2.5.1); partnering between educators and health workers (2.5.2); partnering between educators and parents (2.5.3); educators and peer educator programmes (2.5.4); educators and policies (2.5.5); and the summary (2.5.6).

Chapter 3 focused on the research methodology and design which facilitated extraction of quantitative data from research participants about factors contributing to teenage pregnancy in King Cetshwayo District secondary schools. The chapter included the delimitation of the study (3.2); permission to conduct the study (3.3); choice of methodology (3.4.); the study setting (3.5); the study population (3.6); the research

sample (3.7); and the research tool (questionnaire) (3.8). This part of the chapter included the format of the questionnaire, and advantages of using a questionnaire (3.9); reference to the pilot study (3.10) and the actual study (3.11); administration of the questionnaire (3.11.1); verification of data (3.12); data analysis (3.13); ethical considerations (3.14); and the summary (3.15).

Chapter 4 elaborated on presentation, interpretation and analysis of quantitative data extracted from the research participants through questionnaires. Questionnaires were distributed amongst learners and educators of sampled schools within King Cetshwayo District. Statistical tables were drawn up from the replies to the questionnaires, and were presented together with brief reports based on interpretation and analysis of data.

In Chapter 5 the researcher reviewed the whole study project and provided a summary of the findings from reviewed literature and quantitative data (5.3). The limitations of the study (5.4) and recommendations were also presented as a solution to the study problem, which is an enquiry into the factors contributing to teenage pregnancy amongst learners in King Cetshwayo District (5.5). Chapter 5 also made recommendations for future studies (5.6), and concluded the study (5.7).

5.3 CONCLUSION OF THE STUDY

Chapter 4 presented the analyses of the quantitative data collected through the questionnaire, which was administered to the study participants consisting of educators and learners in five high schools within King Cetshwayo District. The analysis of data from the fieldwork and literature reviewed revealed that both educators and learners are quite aware and concerned about the challenge of teenage pregnancy in the district. Specific findings that emanated from the field data revealed that there are:

5.3.1 Factors that contribute to the high rate of teenage pregnancy

The following factors are briefly discussed in relation to the first objective of the study, which is reiterated as follows:
"To establish factors which contribute to teenage pregnancy in King Cetshwayo District secondary schools."

The study has found that there are several factors that are contributing to teenage pregnancy in schools. As identified by the participants of this study, they include lack of knowledge about contraceptives among adolescents, relationships between teenage girls and older men, peer pressure, and the harmful influence of the media. These findings correspond with the findings of some of the recent studies (Watts *et al.*, 2014; Wright & Craske, 2015; Perse & Lambe, 2016; Agbemenu *et al.,* 2016; Vollmer & van der Spuy, 2016; Udmuangpia *et al.,* 2017) conducted on the phenomenon of teenage pregnancy in schools, which also revealed lack of knowledge of contraceptive use and media influence as great contributors. Furthermore, some of the participants believed that some adolescent girls get pregnant in school so that they can have access to the monthly social grants from the government. This also corroborates the findings of Udjo (2014), which established a significant relationship between the child support grant and early pregnancy in South Africa. Study participants had the following to say about factors contributing to teenage pregnancy:

"The first reason could be the child-headed household. Most families are child-headed, they haven't got parents. They are orphans, they don't have something to survive on" (participant 1).

"Another thing is peer pressure. Most of the learners are just involved in alcohol and drug abuse and so on. As a result, when they are drunk they can sleep anywhere, without noticing whether they are pregnant or not. It increases pregnancy at the school" (participant 2).

"Ya, I can add to what my colleagues have said: it is peer pressure and poverty. By having a baby you are able to have money, especially with a grant" (participant 3).

5.3.2 The relationship between family background and teenage pregnancy

The following factors are briefly discussed in relation to the second objective of the study, which is reiterated as follows:
"To determine whether there is a relationship between family background and teenage pregnancy in King Cetshwayo District secondary schools."

According to the participants of this study, family background contributes to teenage pregnancy in King Cetshwayo District secondary schools. Specifically, the respondents identified grandparent-headed families, household poverty, and the low level of parents' education as factors that can lead to the early pregnancy of an adolescent girl. Similarly, a study by Wilson *et al.*, (2014), Toska *et al.*, (2015), and Scorgie *et al.*, (2015), reported that adolescent girls that come from poor households are likely to fall victims of early pregnancy in an attempt to make some money.

However, the respondents could not establish a link between the structure, culture and religion of a family and teenage pregnancy. Study participants had the following to say about the relationship between family background and teenage pregnancy.
"You see, some of us come from poor families, and our parents can't buy us things like cell phones and jeans, so we end up jolling with men who will buy us these things [giggling], because they want sex from us" (participant 2).

"Poverty attracts poverty (*ukuhlupheka kubiza okunye ukuhlupheka*), sir! Kids from poor families are the ones that fall pregnant in numbers. I think the family background contributes to these learners falling pregnant in numbers" [looking at her neighbour] (participant 4).

5.3.3 The role of educators in preventing teenage pregnancy

The following factors are discussed in relation to the third objective of the study, which is reiterated as follows:

"To determine the role played by educators in mitigating factors which contribute to teenage pregnancy in King Cetshwayo District secondary schools."

Participants in the study acknowledged the fact that educators have an important role to play in preventing teenage pregnancy, including the encouragement of peer education programmes among learners, promotion of sports and cultural activities in schools, and implementation of a learner's code of conduct that states strictly the punishment for any learner that promotes or falls victim to early pregnancy while in school. Layzer *et al.*, (2014), Fonner *et al.*, (2014), and Oringanje *et al.*, (2016) emphasized peer education programme as interventions for preventing unwanted pregnancies among adolescents at school. Moreover, recent studies (Black *et al.*, 2014; Tanner *et al.*, 2015; Spruit *et al.*, 2016; Sorhaindo *et al.*, 2016; Rushing *et al.*, 2017) have also identified sports and extra-curricular activities as very effective in engaging young people in schools, and in preventing them from being open to unhealthy acts such as drug abuse, and unhealthy sexual relationships that can lead to early pregnancy. Study participants had the following to say about the role that can be played by educators in mitigating factors that contribute to teenage pregnancy:

"We can discourage it (teenage pregnancy) by using some strong words, and showing how difficult it is to become a teenage parent. At the same time, when we are just teaching our subject, we also reveal how important it is to be a student without getting a child because it has got many problems, when they are just coming to school and have left children at home. Children need a lot of money and attention, they are still young; they need to be protected" (participant 5).

"I think we can also discourage them from getting pregnant by making a school policy that states that once you fall pregnant maybe you will be chased away from school, that's all" [laughing] [participant 4].

"At the present moment we don't have (peer educator programmes), but previously it was happening. I think if they can be promoted it will be better because peer educators if they can be capacitated they can play a major role in fighting teenage pregnancy. Learners can learn information from their peers, information they cannot learn from educators. As a result the campaigns that we might have on fighting teenage pregnancy can be successful using peer educators."

5.4 OTHER CONCLUSIONS EMANATING FROM THE STUDY

The study revealed that teenage pregnancy affects the aim of the South African Constitution of providing basic free education, which is forfeited when learners fall pregnant. It is thus important for the Department of Basic Education to devise drastic measures to curb this menace, assisted by learners and parents.

The investigation established that while South Africa has a noble constitution and various well-intentioned policies, these have not only been ineffective in curbing teenage pregnancy, but have spurred it on. Policies like the Measures for the Prevention and Management of Learner Pregnancy (2007) have promoted teenage pregnancy, according to the study participants, by legalizing it.

Campaigns like Love life, DramAidE and *Khomanani* have not yielded many results because they are not evaluated and thoroughly monitored. They end up being a financial liability to the state.

The researcher established that while traditional practices like virginity testing, *ukushikila*, have proven to be effective in curbing teenage pregnancy and risky behaviour, they have been denounced by advocates of human rights as violating the girls' dignity and privacy. This is in spite of the fact that girls undergoing the traditional practices are not coerced into them.

The researcher discovered that while mass male circumcision has been introduced as a strategy to curb the spread of HIV/AIDS and other STIs, it has contributed to teenage pregnancy since it has discouraged condom use among circumcised males.

5.5 RECOMMENDATIONS WITH REGARD TO THE FINDINGS OF THE STUDY

5.5.1 Recommendations with regard to the factors contributing to teenage pregnancy in King Cetshwayo District secondary schools

5.5.1.1 Recommendations with regard to the lack of knowledge about contraceptives

Lack of knowledge about contraceptives is a result of poor sexual health education (Bhengu, 2016). This is testified on by the UNESCO report (2012), which states that sexual health education in Southern African states, including South Africa, is limited and lacks core basic information about contraceptives, emergency contraceptives and condom use. This results in escalation of teenage pregnancy. The researcher recommends the following about the lack of knowledge about contraceptives:

- Educators should be equipped to impart a fully-fledged sexual health education effectively and efficiently. Youth-friendly clinics must be decentralized and parents should be responsible for teaching about sexual health education at home.

Expansion of school health services should be considered to include counselling, advice on contraceptives and antenatal services, The National Adolescent and Youth Health Policy 2017 and the Children's Act (No. 38 of 2005) must be implemented to ensure that youth access advice on contraceptives, and sexual health care.

5.5.1.2 Recommendations with regard to the relationship between teenage girls and older men

Intergenerational relationship sex, also referred to as transactional sex, is increasing, not only in tertiary institutions, but also in schools in South Africa (Mackenzie, 2014). One of the reasons for this type of relationship to increase, as cited by Mackenzie (2014), is poverty: young women pursue these relationships to satisfy their financial needs. Zembe, Townsend, Thorson and Ekstrom (2013) state that women get involved in these relationships so that they can get trendy clothing, cell phones, drugs and alcohol. Kemper (2013) mentions the lack of parental love and support as another reason that drives young women to this type of relationship. To fight this scourge of intergenerational relationships the researcher recommends the following:

- Life orientation as a subject must be taught thoroughly to inculcate proper attitudes amongst learners like assertiveness, self-esteem and self-love.
- The vicious cycle of poverty must be broken through education. Teenagers must learn that education is the game changer that can liberate them from poverty.
- There must be more investment in youth development through youth development centres which empower youth to be agents of social change in their communities.
- Guidelines for the management of child abuse, neglect and exploitation for public schools (2015) must be implemented to ensure protection of youth against exploitation.

5.5.1.3 Recommendations with regard to peer pressure

Rainey and Rainey (1998) define peers as other children growing with teenagers, usually of the same age, living in the same community and doing the same grade. Rainey and Rainey (1998) go on to say that peers exert influence on teenagers because the latter identify with peers. This influence can be either good or bad, and can result in the use of drugs and alcohol, and pregnancy. The researcher recommends the following with regard to the finding:

- Life orientation as a subject must be prioritized and taught to inculcate assertiveness, self-confidence in teenagers so that they can say no!

- Teenagers must be helped to associate with the right peers, set up goals to achieve in life, and be assisted to work towards them.
- Parents must prepare their children for peer pressure, how it is exerted and how to avoid it.
- The National Drug Master Plan 2013-2017 must be implemented to minimize risky behaviour amongst teenagers.

5.5.1.4 Recommendations with regard to the media's influence

Adolescents universally have access to different types of information through different types of media available like movies, TV, music, magazines, cell phones and the internet. According to Brown and Bobkowski (2011), teenagers on average spend about 7,5 hours daily consuming information from different types of media which is mostly sexual in nature. Teenagers further receive about 190 000 sex messages per annum (Strukel, 2016). Such information is received by teenagers when multitasking. This means they receive these messages when listening to music, surfing the net and chatting on line. This creates multi-reinforcement of whatever information they receive, and this culminates with learning, which is also supported by the philosophy of behaviourism (Ozmon & Craver, 2008). Bandura (1977) refers to this as observational learning or modelling, while Olaniran (2018) views this as inclusive learning. According to Coopens (2014), the content found in the media promotes being sexually active among teenagers, which culminates in teenage pregnancy. Very few messages on the media provide vital information about abstinence, safe sex and use of contraceptives. The researcher recommends the following with regard to the influence of media on teenage pregnancy:

- Multimedia should provide sexual education focusing on abstinence, safe sex and use of contraceptives to prevent teenage pregnancy. This is further supported by Bhengu (2016).
- Famous people teenagers identify with should talk in the media programmes about the importance of safe sex, condom use, abstinence and sexual health.

- Parents need to monitor what their children access in the internet using their smart phones.
- Media regulating boards, like the Independent Communications Authority of South Africa (ICASA), need to issue more warnings of sensitive media content to be broadcasted for parents to strictly regulate what teenagers watch on TV.

5.5.2 Recommendations with regard to the relationship between family background and teenage pregnancy

5.5.2.1 Recommendation with regard to grandparent-headed families as a cause of teen pregnancy

According to Megan, MacNab, Ryan and Traylor (2017), grandparent-headed families are increasing. This is because of the parent mortality caused by the HIV/AIDS pandemic and neglect of children by parents. Children end up being raised by grandparents. Such children have a high chance of falling pregnant because of grandparents' limited financial resources, energy for supervision and monitoring of such children. To avert teen pregnancy caused by grandparent- headed families:

- Social services need to ensure the welfare of grandparents heading families and raising teenagers so that they can effectively monitor teenagers.
- If teenagers living with grandparents are troublesome, social services must offer foster care for such teenagers.
- The Older Persons Act (No, 13 of 2006) must be implemented to ensure support and protection of grandparents.

5.5.2.2 Recommendations with regard to household poverty

Poverty causes and is the result of teenage pregnancy (Lambani, 2015). According to UNICEF (2008), youth living in poverty experience pregnancy five times more than normal teenagers. Lambani (2015) states that children of teenage parents are also more likely to be teenage parents themselves. This creates a vicious cycle of poverty that develops into poor health, a low level of education and state dependency. The following are the recommendations to avert pregnancy caused by poverty:

- Since education is the key to the elimination of idleness and poverty (Aroge & Olaniran, 2012), the culture of learning and teaching must be resuscitated in schools by ensuring that transport for learners, and learning teaching material, are available.
- The state must start youth public works programmes to offer employment to idle youth.
- The state must start programmes to locate teenage mothers who have dropped out of school, and help them complete their education.
- Women's skills development through non-governmental organizations like *Amajukujuku* Women's Network must be facilitated.

5.5.2.3 Recommendations with regard to the low level of parent's education

Teenage parents face many challenges like low educational attainment as compared to teenagers without children (Texas Comprehensive Centre, 2011). Such challenges include dropping out of school because of parenting responsibilities. This culminates in teenage parents not progressing educationally (East *et al.*, 2007). The results are poor health, poverty, and dependence on the state, as mentioned above. Concurring with the previously mentioned statement, Miller *et al.*, (2001) also state that children of teen parents have a greater chance of being teenage parents themselves. This later affects the children. To mitigate the above findings the researcher recommends that:

- The state must give support and needed resources to teenage mothers to finish school.
- Those who have dropped out must be traced and supported to finish school.
- School-based programmes for counselling of pregnant teenagers must be introduced.

- School-based education programmes about child development and child care must be introduced to benefit teenage mothers and keep them at school.

5.5.3 Recommendations with regard to the role of educators in mitigating factors leading to teenage pregnancy

5.5.3.1 Lack of peer educator programmes

Peer educator programmes are important in educating youth, peers and community about teenage pregnancy and HIV/AIDS, amongst other things (Visser, 2011). Through a peer educator programme it is revealed that youth are at the core of risk through their daily behaviour of falling pregnant (Visser, 2011). While youth make daily statistics of pregnancy and infection by STIs, it is disturbing to learn that peer educator programmes have been neglected as a co-curricular subject that can help fight teenage pregnancy and the spread of STIs. Sithole (2013) states that the problems with the implementation of peer educator programmes emanate from the fact that there was no standardization and monitoring of them. The researcher concurs with Sithole (2013) that the implementation of the peer educator programmes must be resuscitated to fight teenage pregnancy through:

- Policy development to ensure the reimplementation of the peer educator programmes in schools.
- The Department of Education KwaZulu Natal making funding available for the training of peer educators and mentors.
- District officials monitoring and evaluation of peer educator programmes for their implementation and betterment.

5.5.3.2 Lack of sports and cultural activities in schools

According to Massoni (2011), a teenager's future can be determined by what he does after school before his parents get home. The saying "an idle mind is a devil's workshop" supports what Massoni (2011) said. Lack of sports and cultural activities in schools

contributes to teenage pregnancy, criminal activities, and lack of self-respect. In many schools the only sporting codes available are soccer and netball, and this leaves the majority of the student body idle, and prone to wrongdoing. To resuscitate sport in school as a means to fight teenage pregnancy the researcher recommends that:

- The draft school sport policy for public schools in South Africa (2009) must be implemented to ensure that everyone participates in sports and cultural activities.
- The Department of Education must ensure funding of sport and cultural activities so that different sporting codes will be introduced to cater for the majority of learners.
- Schools must have sports policies, year plans and timetables for sports.
- District officials must monitor and support school sport and cultural activities.

5.5.3.3 The learner code of conduct about learner pregnancy

The South African Schools Act (No. 84 of 1996) calls for the SGBs to help with the compiling of a proper learner code of conduct which will facilitate the maintenance of discipline, and ensure prevention of learner pregnancy, amongst other things. According to Mestry and Khumalo (2012), this has failed because of SGBs' illiteracy and lack of skills in designing codes of conduct This has resulted in schools operating without codes of conduct stating clearly how the school deals with matters of discipline and learner pregnancy. The lack of a code of conduct has created a *laissez faire* situation in schools where learners do as they wish, and they are not held accountable for their actions. This has led to learner pregnancy being legitimized. It is a concern to some scholars like Shefer, Bhana and Marrell (2013) that departmental policies like Measures for the Prevention and Management of Learner Pregnancy in Schools (2007) have contributed to this legitimization of learner pregnancy in schools by granting rights and protecting pregnant teenagers. The researcher recommends that:

- Every school must have a code of conduct which must be cascaded thoroughly to learners at the beginning of the year and continuously throughout the year.

- The code of conduct must be based on the departmental policy, Measures for the Prevention and Management of Learner Pregnancy in Schools (2007), to ensure that the rights of the pregnant learners are not violated.
- Every school must have an in-house code of conduct elaborating vividly how learner pregnancy will be dealt with.
- Among other things, the code of conduct must not condone and sympathize with the irresponsible learner behaviour leading to pregnancy.
- The code of conduct must ensure that both teenage parents account for the pregnancy.

5.4 LIMITATIONS OF THE STUDY

Creswell (2012) defines limitations of the study as potential weaknesses or problems with the study which were identified by the researcher. These limitations have an impact on the outcome of the study. Creswell (2012) states that limitations identified in the study aid future researchers on the same topic to evade previously found limitations for better results of their studies. One of the limitations of this study was that it included learners only in Grades 10 to 12, and excluded those in Grades 6 to 9 also affected by pregnancy. It is beyond reasonable doubt that their views would have had a positive impact on the study. Parents of learners were not part of the study. The researcher strongly believes that as stakeholders in education they would have made a strong contribution to the fight against teenage pregnancy. Educators participating in the study complained of tight schedules because of departmental academic demands and programmes like *Jika Imfundo*. This made data collection in schools a herculean task because educators were busy. Furthermore, the study focused on only five schools in King Cetshwayo District out of 675 schools. While the study produced results, they cannot be generalized to the whole district. More schools must be investigated for factors contributing to teenage pregnancy in King Cetshwayo District.

5.5 RECOMMENDATIONS WITH REGARD TO FUTURE STUDIES

The researcher recommends that a future study on the same title be conducted at a national level since the current study was limited only to the King Cetshwayo District.

5.6 SUMMARY

In this chapter the researcher has provided the summary, conclusion and recommendations of the study. An overview of the entire study was also provided. The conclusions of the study have been based on literature reviewed and quantitative data extracted from study participants. The study has concluded that educators and learners are fully aware of teenage pregnancy as a societal problem, that there are factors contributing to teenage pregnancy amongst learners in King Cetshwayo District, that family background plays a role in teenage pregnancy, and that educators have an important role to play in mitigating factors contributing to teenage pregnancy. Recommendations to address the study problem have been made in this chapter based on the objectives of the study. The recommendations answered the research questions.

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APPENDIX 1 ETHICAL CLEARANCE CERTIFICATE

UNIVERSITY OF ZULULAND
RESEARCH ETHICS COMMITTEE
(Reg No: UZREC 171110-030)

RESEARCH & INNOVATION
Website: http://www.unizulu.ac.za
Private Bag X1001
KwaDlangezwa 3886
Tel: 035 902 6887
Fax: 035 902 6222
Email: MangeleS@unizulu.ac.za

ETHICAL CLEARANCE CERTIFICATE

Certificate Number	**UZREC 171110-030 PGM 2016/336**								
Project Title	**Factors contributing to teenage pregnancy in secondary schools in the uThungulu District**								
Principal Researcher/ Investigator	SN Hadebe								
Supervisor and Co-supervisor	Dr BT Gamede			Prof DR Nzima					
Department	Social Sciences Education								
Nature of Project	Honours/4th Year		Master's	x	Doctoral		Departmental		

The University of Zululand's Research Ethics Committee (UZREC) hereby gives ethical approval in respect of the undertakings contained in the above-mentioned project proposal and the documents listed on page 2 of this Certificate.

Special conditions: **(1) This certificate is valid for 2 years from the date of issue.**
(2) Principal researcher must provide an annual report to the UZREC in the prescribed format [due date-31 October 2017]
(3) Principal researcher must submit a report at the end of project in respect of ethical compliance.

The Researcher may therefore commence with the research as from the date of this Certificate, using the reference number indicated above, but may not conduct any data collection using research instruments that are yet to be approved.

Please note that the UZREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the documents that were presented to the UZREC
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

Classification:

Data collection	Animals	Human Health	Children	Vulnerable pp.	Other
X			X		
Low Risk		Medium Risk		High Risk	
				X	

The table below indicates which documents the UZREC considered in granting this Certificate and which documents, if any, still require ethical clearance. (Please note that this is not a closed list and should new instruments be developed, these would require approval.)

Documents	Considered	To be submitted	Not required
Faculty Research Ethics Committee recommendation	X		
Animal Research Ethics Committee recommendation			X
Health Research Ethics Committee recommendation			X
Ethical clearance application form	X		
Project registration proposal	X		
Informed consent from participants	X		
Informed consent from parent/guardian	X		
Permission for access to sites/information/participants	X		
Permission to use documents/copyright clearance			X
Data collection/survey instrument/questionnaire	X		
Data collection instrument in appropriate language		Only if necessary	
Other data collection instruments		Only if used	

The UZREC retains the right to

- Withdraw or amend this Certificate if
  - Any unethical principles or practices are revealed or suspected
  - Relevant information has been withheld or misrepresented
  - Regulatory changes of whatsoever nature so require
  - The conditions contained in this Certificate have not been adhered to

- Request access to any information or data at any time during the course or after completion of the project

The UZREC wishes the researcher well in conducting the research

Professor Gideon De Wet
Chairperson: University Research Ethics Committee
Deputy Vice-Chancellor: Research & Innovation
12 December 2016

CHAIRPERSON
UNIVERSITY OF ZULULAND RESEARCH ETHICS COMMITTEE (UZREC)
REG NO: UZREC 171110-30
12 -12- 2016
RESEARCH & INNOVATION OFFICE

SN Hadebe - PGM 2016/336

APPENDIX 2: LETTER GRANTING PERMISSION

education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Phindile Duma Tel: 033 392 1041 Ref.:2/4/8/1124

Mr SN Hadebe
PO Box 2280
Esikhawini
3887

Dear Mr Hadebe

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **"FACTORS CONTRIBUTING TO TEENAGE PREGNANCY IN SECONDARY SCHOOLS WITHIN THE UTHUNGULU DISTRICT"**, in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the Intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 09 December 2016 to 31 January 2019.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Connie Kehologile at the contact numbers below
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

UThungulu District

Dr. EV Nzama
Head of Department: Education
Date: 13 December 2016

..Championing Quality Education -Creating and Securing a Brighter Future

KWAZULU-NATAL DEPARTMENT OF EDUCATION
Postal Address: Private Bag X9137 • Pietermaritzburg • 3200 • Republic of South Africa
Physical Address: 247 Burger Street • Anton Lembede Building • Pietermaritzburg • 3201
Tel.: +27 33 392 1004/41 • Fax.: +27 033 392 1203• Email: Kehologile.Connie@kzndoe.gov.za/Phindile.Duma@kzndoe.gov.za •Web:www.kzneducation.gov.za
Facebook: KZNDOE....Twitter: @DBE_KZN....Instagram: kzn_education....Youtube:kzndoe

APPENDIX 3: LETTER TO DISTRICT MANAGER

University of Zululand

P.O. Box X 1001
KwaDlangezwa
3886

THE DISTRICT DIRECTOR
King Cetshwayo District
Corner of Maxwell and Hancock Avenue
Empangeni
3880
16 November 2016

Dear Sir

A REQUEST FOR PERMISSION TO CONDUCT A RESEARCH

I am a registered Masters student in the Department of Education (Social Sciences) at the University of Zululand. My supervisor is Professor D.R. Nzima. My proposed topic of research is "**Factors contributing to teenage pregnancy in King Cetshwayo district secondary schools."** The objectives of my study are as follows:

a) To establish factors which contribute to teenage pregnancy in King Cetshwayo district secondary schools.
b) To determine whether there is a relationship between family background and teenage pregnancy in King Cetshwayo district secondary schools.
c) To determine the role played by educators in mitigating factors which contribute to teenage pregnancy in King Cetshwayo district secondary schools.

I am hereby seeking your consent to administer a questionnaire to learners and educators in conducting my study. To assist you in reaching this decision I have attached to this letter:

a) A copy of an ethical clearance certificate issued by the university.
b) A copy of the research instrument which I intend using in my research.

Should you require any further information please don't hesitate to contact me or my supervisors. Our contact details are as follows:

a) Researcher : Mr S.N. Hadebe 0828536573
b) Supervisor : Dr B.T. Gamede 0717316298
c) Co Supervisor : Prof D.R. Nzima 0712530458

Your permission to conduct this study will be greatly appreciated.

Yours sincerely
S.N. Hadebe

APPENDIX 4: LETTER TO THE PRINCIPAL

University of Zululand
P.O. Box X 1001

KwaDlangezwa

3886
04 February 2017

The Principal
Masakhane Secondary School
P.O. Box 7459
Empangeni Rail
3910

Dear Mr Mathabela

A REQUEST FOR A PERMISSION TO CONDUCT A RESEARCH AT MASAKHANE SECONDARY SCHOOL

I hereby request permission to conduct a research study at Masakhane Secondary school about **factors contributing to teenage pregnancy within the uThungulu district secondary schools.** This study is in partial fulfilment of the requirements for the award of the degree in Master of Education with the University of Zululand. The target population will be learners from grade 10 to 12, aged between 15 to 19 years of age. The school has been randomly selected as one of the secondary schools affected by teenage pregnancy within the uThungulu district.

As mentioned above the study will determine factors contributing to teenage pregnancy within the district secondary schools so that relevant and practical solutions to the problem can be devised to minimize and eliminate the problem.

For further information please do not hesitate to contact me or my supervisors on the following contact details bellow:

S.N. Hadebe : 0828536573

Dr B.T. Gamede : 0717316298

Prof D.R. Nzima : 0712530458

Yours sincerely.

S.N. Hadebe

APPENDIX 5: LETTER FROM PRINCIPAL GIVING PERMISSION

EMKHAYIDENI TECHNICAL HIGH SCHOOL

Postal Address : P O Box [illegible]
Mtunzini 3867

Tel: (035) 731 3152
Fax: (035) 731 3605

24 MARCH 2017

I Mrs. N.A. Ntshangase the Principal of Emkhayideni Secondary School has granted Mr. S.N. HADEBE permission to Conduct his study in my school on factors contributing to the teenage pregnancy within The Mlalazi Municipality district.

I wish him well on his endeavour.

Yours sincerely
Ntshangase N.A. (Mrs.)

EMKHAYIDENI TECHNICAL HIGH SCHOOL
P.O. BOX [illegible] MTUNZINI 3867
2017 -03- 24

APPENDIX 6: LETTER TO LIFE ORIENTATION EDUCATOR

University of Zululand

P.O. Box X 1001

KwaDlangezwa

3886

02 February 2016

Dear Life Orientation educator

A request for your assistance with data collection in your school

I am Sellwyn Nhlanhla Hadebe a registered student with the University of Zululand for a degree in Master of Education. I am conducting a study on" **factors contributing to teenage pregnancy in King Cetshwayo district secondary schools"**. I hereby humbly request your assistance with data collection for my study by doing the following:

1. Recruiting 25 information rich learner's in grade 10 to 12, aged between 15 to 19 years of age for data collection (kindly consider gender balance even though not important).
2. Assist with the filling and collection of informed consent forms.
3. Assist with administration of the study questionnaire.

I thank you in advance for your assistance.

Yours sincerely

S.N. Hadebe

0828536573

APPENDIX 7: INFORMED CONSENT LEARNERS - ISIZULU

UNIVERSITY OF ZULULAND

FACULTY OF EDUCATION

Imvume yokuba ingxenye yocwaningo: yomntwana

Isihloko socwaningo: **Izizathu eziholela ekukhulelweni kwabafundi abafunda ezikoleni zamabanga aphezulu esifundeni sase king cetshwayo**.

Mina Nhlanhla Sellwyn Hadebe ovela emnyangweni wezemfundo emkhakheni wezenhlalakahle esikhungweni semfundo ephakeme yaseZululand ngicela imvume kuwe njengomfundi ukuthi ube ingxenye yocwaningo isihloko salo esigagulwe ngenhla.

Uhlelo locwaningo nenhlosongqangi yalo kanye nalemvume luchaziwe ngolimi lomntwana aluzwayo futhi aluqondayo.

Ngiyaqonda ukuthi;

1. Inhloso yalolucwaningo ukuthola izimbangela zokukhulelwa kwabafundi abafunda ezikoleni zamabanga aphezulu esifundeni sasoThungulu.
2. Isikhungo semfundo ephakeme saseZululand sesilikhiphile ilungelo lokuthi uxwaningo lungaqhubeka.
3. Ukuthi ngokuba ingxenye yalolucwaningo ngizobengilekelela ekutholeni isixazululo sokuqeda ukukhulelwa kwabafundi.
4. Ukuthi ngizoba ingxenye yalolucwaningo ngokuphendula imibuzo eqoshwe phansi nazoyibuzwa umcwaningi siqu ukuze kutholakale ulwazi.
5. Ukuthi ngiyingxenye yalolucwaningo ngokungempoqo futhi ngineminyaka engaphezulu kwesikhombisa.

6. Ukuthi ukuba ingxenye yalolucwaningo kuwukunikela nje futhi ngingahoxa noma inini uma sengifuna ukuhoxa ngaphandle kokuthi kube nemiphumela emibi.
7. Ngiyaqonda ukuthi akukho nkokhelo engizoyithola ngokuba yingxenye yalolucwaningo kodwa uma kukhona izindleko engingena kuzo ngiyonxeshezelwa.
8. Ukuthi kungenzeka kube nobungozi obuhambisana nokuba ingxenye yalolucwaningo: a. okuhambisana nokuthinteka komoya ngokuzwa imibuzo ethile.
   b. Ukuvikela ubungozi umcwaningi uyoyigwema imibuzo engathinta imimoya yabafundi kanti futhi abafundi bayonikezwa isithunzi esifanele ngokwamalungelo omthetho sisekelo.
   c. Amathuba okuthi ubungozi benzeke alinganiselwa kumapesenti angu-0%
9. Ukuthi umcwaningi uhlose ukushicilela imiphumela yocwaningo kusomqulu wolwazi futhi uyoqinisekisa ukuthi olunye ulwazi lugcinwa luyimfihlo. Amagama nomazisi ami angeke kuze kuvezwe nakunoma ubani oyobe eyingxenye yalolucwaningo.
10. Ukuthi ngiyothulelwa ngumcwaningi imiphumela yocwaningo ngaphambi kokuthi ishicilelwe.
11. Ukuthi uma kukhona imibuzo mayelana nokuthi ngibe ingxenye yalolucwaningo ngiyoyibhekisa ku Mnumzane S.N. Hadebe.
12. Ngiyaqonda ukuthi ngokusayina lemvume angisusi amalungelo ami njengomntwana ezomthetho.
13. Ngiyaqonda ukuthi ngizonikwa ikhophi yalemvume kodwa eyangempela iyogcinwa njengobufakazi esikhungweni sezemfundo ephakeme.

Mina ---------- ngikufundile konke okubhalwe ngenhla. Ngiyaqinisekisa futhi ukuthi ngikuchazelwe ngolimi engiluqondayo. Ngiyibuzile imibuzo ebengifisa ukuyibuza ngaphendulwa ngokugculisayo. Ngiyaqonda kahle ukuthi kulindeleke ini kimi ngalolucwaningo. Angizange ngiphoqwe ukuthi ngibe ingxenye yalolucwaningo. Ngokusayina ngezani ngiyavuma ukuthi:

Mina ---------- oneminyaka engu---------- ngibe ingxenye yalolucwaningo.

_____ _____

Umntwana usuku

APPENDIX 8: INFORMED CONSENT PARENT/GUARDIAN

UNIVERSITY OF ZULULAND

FACULTY OF EDUCATION

RESTRUCTURED FOR RELEVANCE

Imvume yokuba ingxenye yocwaningo: Umzali noma umgadi wengane

sihloko socwaningo: **Izizathu eziholela ekukhulelweni kwabafundi abafunda ezikoleni zamabanga aphezulu esifundeni sase King Cetshwayo.**

Mina Nhlanhla Sellwyn Hadebe ovela emnyangweni wezemfundo emkhakheni wezenhlalakahle esikhungweni semfundo ephakeme yaseZululand ngicela imvume kuwe njengomzali ukuba umntwana wakho u---------- abe ingxenye yocwaningo isihloko salo esigagulwe ngenhla.

Uhlelo locwaningo nenhlosongqangi yalo kanye nalemvume ngicghazelwe lona ngolimi lwami engiluzwayo futhi engiluqondayo.

Ngiyaqonda ukuthi;

1. Inhloso yalolucwaninmgo ukuthola izimbangela zokukhulelwa kwabafundi abasezikoleni zebanga eliphezulu kusifunda sasoThungulu.
2. Isikhungo semfundo ephakeme saseZululand sesiyikhiphile ilungelo lokuthi uxwaningo lungaqhubeka.
3. Ukuthi umntwana wami ngokuba ingxenye yalolucwaningo uzolekelela ekutholeni isixazululo sokuqeda ukukhulelwa kwabafundi.
4. Ukuthi umntwana wami uzoba ingxenye yalolucwaningo ngokuphendula imibuzo eqoshwe phansi nazoyibuzwa umcwaningi siqu ukuze kutholakale ulwazi.
5. Ukuthi umntwana wami uyingxenye yalolucwaningo ngokungempoqo futhi uneminyaka engaphezulu kwesikhombisa.

6. Ukuthi uma umntwana wami efuna ukuhoxa kulolucwaningo angahoxa noma inini uma ethanda.
7. Umntwana wami angacelwa ukuba ahoxe kuloucwaningo noma lungakapheli, uma umcwaningi ebona kufanele noma umntwana engalandeli imiyalelo yocwaningo.
8. Ngiyaqonda ukuthi akukho nkokhelo eyotholwa umntwana noma yimi njengonmzali wakhe.
9. Ukuthi kungenzeka kube nobungozi obuhambisana nokuba ingxenye yalolucwaningo.
10. Ukuthi umcwaningi uhlose ukushicilela imiphumela yocwaningo kusomqulu wolwazi futhi uyoqinisekisa ukuthi olunye ulwazi lugcina luyimfihlo. Amagama nomazisi womntwana ngeke kuze kuvezwe nakunoma ubani oyobe eyingxenye yalolucwaningo.
11. Ukuthi umntwana wami uyothulelwa umcwaningi imiphumela yocwaningo ngaphambi kokuthi ishicilelwe.
12. Ukuthi uma kukhona imibuzo mayelana nokuthi umntwana wami uyingxenye yalolucwaningo ngiyoyibhekisa ku Mnumzane SN Hadebe.
13. Ngiyaqonda ukuthi ngokusayina lemvume angisusi amalungelo ami nawomntwana ezomthetho.
14. Ngiyaqonda ukuthi ngizonikwa ikhophi yalemvume kodwa eyangempela iyogcinwa njengobufakazi esikhungweni sezermfundo.

Mina ---------- ngikufundile konke okubhalwe ngenhla. Ngiyaqinisekisa futhi ukuthi ngikuchazelwe ngolimi engiluqondayo. Ngiyibuzile imibuzo ebengifisa ukuyibuza ngaophendulwa ngokugculisayo. Ngiyaqonda kahle ukuthi kulendelwe ini kumntwana wami ngalolucwaningo. Angizange ngiphoqwe ukuthi umntwana wami abe ingxenye yalolucwaningo. Ngokusayina ngezanzi ngiyavuma ukuthi umntwana wami

u---------- oneminyaka engu---------- abe ingxenye yalolucwaningo.

_____ _____

Umzali/ umgadi womntwana usuku

APPENDIX 9: LEARNER QUESTIONNAIRE –ISIZULU/ENGLISH

UNIVERSITY OF ZULULAND

Department of Educational Sociology

Uhla lwemibuzo yabafundi

ISIGABA SOKUQALA: Ulwazi olubalulekile ngomfundi.

Khombisa ngokufaka uphawu (X) lwesiphambano ezikhaleni ezingezansi kokuqondana nawe.

1. Iminyaka

15	16	17	18	19

2. Ubulili

ISILISA	ISIFAZANE

3. Ibanga

10	11	12

4. Uhlanga

ABAMNYAMA	ABAXUBILE	ABASENDIYA	ABAMHLOPHE	OKUNYE

5. Uzimbandakanya kakhulu kwezocansi?

YEBO	QHA

6. Uyalwenza ucansi oluvikelekile?

YEBO	QHA

7. Unayo ingane?

YEBO	QHA

ISIGABA SESIBILI. IMIBUZO EVALEKILE.

A. IMIBUZO EQONDA NGQO.

Kulengxenye kune mishwana ethinta wena nolwazi onalo ngokukhulelwa kwabafundi. Ngicela uphendule kuleyo naleyo mishwana ngokubeka uphawu lwesiphambano kokukhethwa nguwe. Incazelo yalolo nalolo hlamvu ikuloku okulandelayo.

NK = Ngivuma kakhulu .

N = Ngiyavuma

AI = Anginaso Isiqiniseko

A = Angivumi

AK = Angivumi kakhulu.

Izinombolo		**Uhla lokukhetha**				
8	Ukwentula ulwazi lwezinhlelo zokuhlela umndeni kuholela ekukhulelweni kolusha.	NK	N	AI	A	AK
9	Ubudlelwane phakathi kwamantombazane nabesilisa abadala kunyusa izinga lokukhulelwa entsheni.	NK	N	AI	A	AK
10	Instsha ikhulelwa ngoba ifuna ukuthona isibonelelo sabantwana.	NK	N	AI	A	AK
11	Izinga lokukhulela kwentsha esikoleni sami linyuswa ,imisakazo, omabonakude, amaphephabhuku namaphephandaba.	NK	N	AI	A	AK
12	Ukukhulelwa kwentsha kuyanyuka esikoleni sami ngoba abaphathi abawuqinisi umthetho.	NK	N	AI	A	AK
13	Intsha engenzi kahle ezifundweni zayo igcina izimbandakanya kwezocansi bese igcina ikhulelwa.	NK	N	AI	A	AK
14	Incindezi yontanga ingesinye sezizathu ezinqala esiholela ekukhulelweni kwentsha.	NK	N	AI	A	AK
15	Ulusha oluzimbandakanya ezindabeni zocanzi lungagcina lukhulelwa.	NK	N	AI	A	AK

16	Intsha eningi iyakhulelwa ngenxa yokusebenzisa uphuzo oludakayo nezidakamizwa.	NK	N	AI	A	AK
17	Ukuhlukunyezwa ngokocansi kunomthelela ekukhulelweni kwentsha.	NK	N	AI	A	AK
18	Ukudlwengulwa kunomthelela ekukhulelweni kwentsha.	NK	N	AI	A	AK
19	Isiko lingomunye umthelela oholela ekukhulelweni kwentsha.	NK	N	AI	A	AK
20	Ukwakheka komndeni kunomthelela ekunyukeni kwezinga lokukhulelwa kwentsha	NK	N	AI	A	AK
21	Ukuntula kungesinye sezizathu esnyusa izinga lokukhulelwa kwentsha.	NK	N	AI	A	AK
22	Imindeni eholwa ogogo nomkhulu iholela ekunyukeni kwezinga lokukhulelwa kwentsha.	NK	N	AI	A	AK
23	Ukuxhumana okungekuhle phakathi kwabazali nentsha kuholela ekwenyukeni kwezinga lokukhulelwa kwentsha.	NK	N	AI	A	AK
24	Ubudlelwane obungebuhle phakathi kwabazali nentsha bunomthelela ekukhulelweni kwentsha.	NK	N	AI	A	AK
25	Imindeni eholwa izingane inomthelela ezingeni eliphezulu lokukholelwa kwentsha.	NK	N	AI	A	AK
26	Imithetho eshaywa emakhaya iyasiza ukugwema ukukhulelwa kwentsha.	NK	N	AI	A	AK
27	Izinga lemfundo labazali linomthelela ekukhulelweni kwentsha.	NK	N	AI	A	AK
28	Ukwentuleka kwezifundo zobulili ezikoleni kuholela emazingeni aphezulu okukhulelwa kwentsha.	NK	N	AI	A	AK
29	Uhlelo lokufundisana lontanga lungasiza ukunciphisa izinga lokukhulelwa kwentsha.	NK	N	AI	A	AK
30	Imikhankaso eqwashisa ngezocansi ingasiza ukunciphisa ukukhulelwa kwentsha ezikoleni.	NK	N	AI	A	AK
31	Ukuhluleka ukusebenzisa inqubo mgomo emayelana nokukhulelwa kwabafundi ezikoleni kunomthelela ekukhulelweni kwabo.	NK	N	AI	A	AK

B. PHENDULA LEMIBUZO ELANDELAYO NGALENDLELA:

- Okubi kakhulu
- Okubi
- Siyakumukela
- Kuhle
- Kuhle kakhulu

32. Zifundiswa kanjani izifundo zamakhono empilo esifundweni se Life Orientation ukulekelela ukulwisana nokukhulelwa kwentsha?

33. Bakulungele kangakanani othisha ukufundisa izifundo ezithinta ezobulili esikoleni sakho?

34. Ludluliswa kanjani entsheni ulwazi ngenqubo mgomo yokukhulelwa kwabafundi?

ISIGABA SESITHATHU: IMOBUZO EVULELEKILE

1. Iliphi iqhaza okufanele libanjwe abafundi ukuvikela ukukhulelwa kwentsha?

   ……
   ……
   ……

2. Yini ocabanga ukuthi ingenziwa othisha ukuvikela ukukhulelwa kwentsha?

   ……
   ……
   ……
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   ……
   ……

3. Yini ocabanga ukuthi ingenziwa imindeni ukuvikela ukukhulelwa kwentsha?

   ……
   ……
   ……
   ……

NGIYABONGA NGOKUTHI UBE INGXENYE YOCWANINGO.

UNIVERSITY OF ZULULAND

Department of Education (Sociology)

QUESTIONNAIRE FOR LEARNERS

SECTION A: Biographical Data

Mark with a cross (X) in the appropriate space provided below which applies to your case.

8. Age

15	16	17	18	19

9. Gender

MALE	FEMALE

10. Grade

10	11	12

11. Race

AFRICAN	COLOURED	INDIAN	WHITE	OTHER

12. Are you sexually active?

YES	NO

13. If you are sexually active do you have protected sex?

YES	NO

14. Do you have a child?

YES	NO

15. Do you have a brother or a sister who has a child?

YES	NO

16. Did any of your parents have a child out of marriage?

YES	NO

SECTION B. CLOSE ENDED QUESTIONS

C. SHOOTING QUESTIONS

In this section there are statements concerning your personal experience with learner pregnancy. Please respond to each statement by making a cross (X) on the option of your choice. The meaning of the letters is as follows:

SA = Strongly Agree.

A = Agree

U = Unsure

D = Disagree

SD = Strongly Disagree

NO	STATEMENT	OPTIONS				
10	Lack of knowledge about contraceptives leads to teenage pregnancy.	SA	A	U	D	SD
11	Relationships between teenage girls and older man leads to high teenage pregnancy rate.	SA	A	U	D	SD
12	Teenagers fall pregnant because they want social grant payouts.	SA	A	U	D	SD
13	Teenage pregnancy increases in my school because of media influence.	SA	A	U	D	SD
14	Teenage pregnancy increases in my school because school authorities are not strict about it.	SA	A	U	D	SD
15	Teenagers who do not perfom well at school resort sexual relationships and fall pregnant.	SA	A	U	D	SD
16	Peer pressure is one of the measure causes of teenage pregnancy.	SA	A	U	D	SD

17	Teenagers who are engaged in sexual related issues are bound to fall pregnant.	SA	A	U	D	SD
18	Most teenagers fall pregnant because they use drugs and alcohol.	SA	A	U	D	SD
19	Sexual abuse contributes to teenage pregnancy.	SA	A	U	D	SD
20	Rape contributes to teenage pregnancy.	SA	A	U	D	SD
21	Culture is one of the factors that contribute to teenage pregnancy.	SA	A	U	D	SD
22	Family size contributes to high rate of teenage pregnancy.	SA	A	U	D	SD
23	Poverty is one of the reasons teenage pregnancy increases.	SA	A	U	D	SD
24	Grand parents headed families lead to high pregnancy rate.	SA	A	U	D	SD
25	Poor communication between teenagers and parents lead to high pregnancy rate.	SA	A	U	D	SD
26	Poor relationships between parents and teenagers contribute to teen pregnancy.	SA	A	U	D	SD
27	Child headed families contribute to high teenage pregnancy rate.	SA	A	U	D	SD
28	Home rules help prevent teenage pregnancy.	SA	A	U	D	SD
29	The level of education of parents contributes to teenage pregnancy.	SA	A	U	D	SD
30	Lack of sexuality education in schools leads to high pregnancy rates.	SA	A	U	D	SD
31	Peer educator programmes can help reduce teenage pregnancy rates.	SA	A	U	D	SD
32	Sexuality awareness campaigns can help reduce teenage pregnancy in schools	SA	A	U	D	SD
33	Failure to implement policy on learner pregnancy in schools contributes to teenage pregnancy.	SA	A	U	D	SD

D. ANSWER THE FOLLOWING QUESTIONS AS:

- Very poorly
- Poorly
- Merely satisfactory
- Well
- Very well

34. How well does the teaching of life skills through life orientation contribute in fighting teen pregnancy?

35. How well prepared are educators to teach sexuality education in your school?

36. How is information on policy on learner pregnancy passed on to children?

SECTION C: OPEN ENDED QUESTIONS

4. What role should learners play in preventing teenage pregnancy?

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……
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5. What do you think educators should do prevent teenage pregnancy?

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6. What do you think families should do to prevent teenage pregnancy?

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7. Your comments.

I THANK YOU FOR YOUR PARTICIPATION!!!

APPENDIX 10: QUESTIONNAIRE FOR EDUCATORS

UNIVERSITY OF ZULULAND

Department of Educational Sociology

QUESTIONNAIRE FOR EDUCATORS

SECTION A: BIOGRAPHICAL DATA

Mark with a cross (X) in the appropriate space provided below which applies to your case.

17. Age

25- 29	30- 39	40- 49	50- 59	OTHER

18. Gender

MALE	FEMALE

19. Teaching experience in years

0 -5	5 -10	10 - 15	15 - 20	OTHER

20. Race

AFRICAN	COLOURED	INDIAN	WHITE	OTHER

21. Qualifications

Matric and teacher's certificate	
Matric and teacher's diploma	
Matric and degree	

Matric and senior degree	
Other	

SECTION B. CLOSE ENDED QUESTIONS

E. SHOOTING QUESTIONS

In this section there are statements concerning your personal experience with learner pregnancy. Please respond to each statement by making a cross (X) on the option of your choice. The meaning of the letters is as follows:

SA = Strongly Agree.

A = Agree

U = Unsure

D = Disagree

SD = Strongly Disagree

NO	STATEMENT	OPTIONS				
6	Lack of knowledge about contraceptives leads to teenage pregnancy.	SA	A	U	D	SD
7	Relationships between teenage girls and older man leads to high teenage pregnancy rate.	SA	A	U	D	SD
8	Teenagers fall pregnant because they want social grant payouts.	SA	A	U	D	SD
9	Teenage pregnancy increases in my school because of media influence.	SA	A	U	D	SD
10	Teenage pregnancy increases in my school because educators are not strict about it.	SA	A	U	D	SD
11	Teenagers who do not perform well at school resort to sexual relationships and fall pregnant.	SA	A	U	D	SD
12	Peer pressure is one of the major causes of teen pregnancy.	SA	A	U	D	SD
13	Teenagers who are engaged in sexual related issues are bound to fall pregnant.	SA	A	U	D	SD
14	Most teenagers fall pregnant because they use drugs and alcohol.	SA	A	U	D	SD
15	Sexual abuse contributes to teenage pregnancy.	SA	A	U	D	SD
16	Rape contributes to teenage pregnancy.	SA	A	U	D	SD
17	Culture is one of the factors that contribute to teenage pregnancy.	SA	A	U	D	SD
18	Family structure contributes to high rate of teenage pregnancy.	SA	A	U	D	SD
19	Poverty is one of the reasons teenage pregnancy increases.	SA	A	U	D	SD

20	Grandparents headed families lead to high pregnancy rate.	SA	A	U	D	SD
21	Poor communication between teenagers and parents lead to high pregnancy rate.	SA	A	U	D	SD
22	Poor relationships between parents and teenagers contribute to teenage pregnancy.	SA	A	U	D	SD
23	Child headed families contribute to high teenage pregnancy rate.	SA	A	U	D	SD
24	Home rules help prevent teen pregnancy.	SA	A	U	D	SD
25	The level of education of parents contributes to teen pregnancy.	SA	A	U	D	SD
26	Lack of sexuality education in schools leads to high teenage pregnancy rates.	SA	A	U	D	SD
27	Peer educator programmes can help reduce teenage pregnancy rates.	SA	A	U	D	SD
28	Sexuality awareness campaign can help reduce teenage pregnancy in schools.	SA	A	U	D	SD
29	Failure to implement policy on learner pregnancy in schools contributes to teen pregnancy.	SA	A	U	D	SD
30	Employed parents can help minimize teenage pregnancy.	SA	A	U	D	SD
31	Cooperation between educators and community can help minimize teenage pregnancy.	SA	A	U	D	SD
32	Family religious background can influence teenage pregnancy.	SA	A	U	D	SD
33	Educators are not versed with the department of education policy on learner pregnancy.	SA	A	U	D	SD
34	Schools do not have in house policies on learner pregnancy.	SA	A	U	D	SD
35	Safe school environment free from sexual harassment and coercion can minimize teenage pregnancy.	SA	A	U	D	SD
36	Provision of educator support and guidance to vulnerable teenagers prone to fall pregnant can reduce teenage pregnancy.	SA	A	U	D	SD
37	Implementation of learner code of conduct can help reduce teenage pregnancy.	SA	A	U	D	SD
38	Promotion of learner healthy lifestyle through sport and cultural activities can minimize teenage pregnancy.	SA	A	U	D	SD
39	Teenagers who have siblings who are teen parents are likely to fall pregnant	SA	A	U	D	SD
40	Teenagers whose parents have children out of marriage are likely to fall pregnant	SA	A	U	D	SD

F. ANSWER THE FOLLOWING QUESTIONS AS:

- Very poorly
- Poorly
- Merely satisfactory
- Well
- Very well

41. How effective is the teaching of life skills in your school to help fight teen pregnancy?

42. How well prepared and equipped are educators to teach sexuality education in your school?

43. How is information on policy on learner pregnancy cascaded to school children?

SECTION C: OPEN ENDED QUESTIONS

8. What role should learners play in preventing teenage pregnancy?

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……
……
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9. What do you think educators should do to prevent teenage pregnancy?

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10. What do you think families should do to prevent teenage pregnancy?

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11. Your comments.

……
……
……

I thank you for your participation!!