

**TEENAGERS' PERCEPTIONS OF EARLY PREGNANCY AND SUGGESTED
SOLUTIONS**

by

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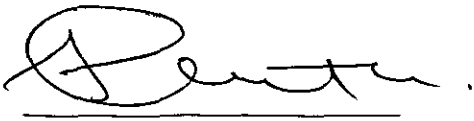
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DECLARATION

I declare that “Teenagers’ perceptions of early pregnancy and suggested solutions” is my own work and that all the sources that I have quoted or used have been indicated and acknowledged by means of complete references.

A handwritten signature in black ink, appearing to read 'F.R. KUTU', is written above a horizontal line.

F.R. KUTU

DEDICATION

This thesis is dedicated to Sarah Bunu my late grandmother who passed away the day after my graduation and to all people who are passionate about building healthy communities.

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First and for most I would like to thank God Almighty for granting me this opportunity to study and for His favor upon my life. He reigns forever.

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ABSTRACT

Teenage pregnancy is an ever increasing problem that is facing South Africa. Curbing teenage pregnancy is the great challenge that is facing the country as a whole. This study investigated teenagers' perceptions of early teenage pregnancy and their suggested solutions. Kohlberg's theory of moral reasoning was used to understand their reasoning. A total of 40 females from semi-rural school and semi-urban school were randomly selected to participate in the study. Participants were in grade five to grade eight. Questionnaires with open-ended questions were utilized to collect data. The qualitative data was in the form of written words, the data was analyzed, categories and put into themes which were later generalized. Whereas the quantitative data was coded into numerical forms, and to which statistical analyses may be applied to determine the significance of the findings. Teenage perceptions about teenage pregnancy were discovered, factors that contribute to teenage pregnancy and the possible suggestions were supplied in the later stages of the study. In conclusion, teenage pregnancy is not only affecting the government, it also affects teenagers themselves, families, communities and the country as a whole. To curb this pandemic, we need to work together as citizen of South Africa to come up with strategies or ways of dealing with this current problem.

Keywords: adolescent, teenager, teenage pregnancy, and perceptions.

CHAPTER ONE - INTRODUCTION TO THE STUDY

1. Introduction

South Africa is one of the developing countries in Africa that is currently facing a high rate of pregnancy. Vinovskis cited by Macleod, 2001, states that teenage pregnancy and childbearing emerged as a social problem in the media and social policy debates in the United States of America in the 1970s and somewhat later in South Africa (early 1980s). According to the Health System Trust the following statistics indicate different percentage of different provinces and years.

Indicator Data

View by [Ethnic] [Geographic (SA provinces)] [International] [District]

	EC	FS	GP	KZN	LP	MP	NC	NW	WC	ZA
Teenage pregnancy [<u>Definition</u>]										
1991	13.1	14.9	12.9	15.3	16.4	13.5	12.8	12.6	11.8	[1] 14.6
1998 ever pregnant	18.2	12.6	9.5	16.7	20.0	25.2	18.0	13.4	16.4	[2] 16.4
1998 ever pregnant rural	-	-	-	-	-	-	-	-	-	[3] 20.9
1998 ever pregnant urban	-	-	-	-	-	-	-	-	-	[4] 12.5
1998 mothers	14.8	8.4	8.9	13.8	14.9	18.8	15.2	11.0	13.7	[5] 13.2
2002 NYRBS	12.5	15.9	13.3	21.8	29.8	27.1	9.3	17.1	12.0	[6] 19.1
2003 ever pregnant	13.6	15.4	12.3	2.0	16.8	13.1	16.1	14.3	14.3	[7] 11.9
2003 ever pregnant RHRU	-	-	-	-	-	-	-	-	-	[8] 15.0
2003 mothers	7.3	12.2	11.2	2.0	14.0	12.1	12.3	10.6	10.4	[9] 9.4
2006 ever pregnant	-	-	-	-	-	-	-	-	-	[10] 39.0

EC: Eastern Cape FS: Free State GP: Gauteng KZN: KwaZulu-Natal LP: Limpopo MP: Mpumalanga NC: Northern Cape NW: North West WC: Western Cape ZA: South Africa

Teenage pregnancy has become a national epidemic as the country is experiencing an alarming escalation of teenage pregnancy. The Education Department disclosed the alarming escalation of teenage pregnancy that made headlines last year. More than 72,000 girls in South Africa aged between 13 and 19 did not attend school because they were pregnant. Official figures from the provincial Departments of Education reveal that 5,868 learners in KwaZulu-Natal and 1,748 in the Free State fell pregnant last year. About 5,000 pregnancies were reported in Limpopo, while Gauteng recorded 2,542 in the past two years (Dommissie 2007 Mail & Guardian online).

According to Pandor (2007), teenage mothers are less likely to finish school. This means that they are less likely than their friends or boyfriends to get a decent job. More than this, teenage mothers are likely to remain single parents and live in poverty. In turn, this puts their children especially girls, at risk of poor health and of becoming teenage mothers themselves. Therefore the generational cycle turns and repeats itself. Teenage pregnancy is one of the factors that prevents far too many schoolgirls from completing school.

Independent Online published an article from *The Star* newspaper stating that Bhungani Mzolo, spokesperson for the Department of Health, said the department was continuously running programs on prevention of teenage pregnancy and sexually transmitted infections, but some pupils are not responding positively to the programs. He noted that his department is working in partnership with the department of education to spread the

message in schools. And the department of health was doing its best to inform pupils that they should take precautions if they cannot abstain from sex. He continues to note that even though statistics showed that many girls were falling pregnant, there was no shortage of contraceptives and that birth control measures are easy to access and that the department had created youth-friendly clinics, where young people could go and talk about their problems and discuss contraception freely. They have also opened 24-hour clinics where everyone who needs contraceptives could go.

He listed poor socio-economic factors as contributing to the problem and that their research had revealed that the problem is usually concentrated in informal settlements because most families are poor. In some instances, poverty is so rife that some girls would fall pregnant, in order to get the child support grant for survival, while others are from child-headed families and would do anything to put food on the table.

1.1. Research question

How do teenagers perceive early teenage pregnancy and what solutions do they suggest?

1.2. Motivation

The present research has been motivated by the high rate of early teenage pregnancy affecting South Africa and the newspaper reports of learners who give birth in school toilets. Another motivating factor is the availability of contraception's in clinics and schools whereas these are not used.

1.3. Aims of the study

The study aimed at finding out how teenagers perceive teenage pregnancy as well what solutions they suggest to curb the epidemic.

The aim was achieved through the following objectives:

1.3.1. By comparing the reasoning levels according to Kohlberg's level and stages.

1.3.2. By making a comparing between those in multi-racial (semi-urban) schools with those in Zulu-medium (semi-rural) schools.

1.4. Definition of concepts

1.4.1. Adolescent/Teenager

The word adolescence is Latin in origin, derived from the verb *adolescere*, which means "to grow into adulthood." Adolescence is a time of moving from the immaturity of childhood into the maturity of adulthood. There is no single event or boundary line that denotes the end of childhood or the beginning of adolescence. Rather, experts think of the passage from childhood into and through adolescence as composed of a set of transitions that unfold gradually and that touch upon many aspects of the individual's behavior, development, and relationships. These transitions are biological, cognitive, social, and emotional (Steinberg & Sherk, 2008).

Macleod (2001) concurs by stating that adolescence is seen as a time of natural, inevitable, universal development in which the organism moves, following a developmental blueprint, from a less to a more complex organization of physiological,

cognitive, emotional and psychological attributes. Adolescence fulfills the function of preparing the person for adulthood. The teenager is not an adult, but neither is she a child. 'Adult' and 'child' both act as absent traces to 'adolescence'. The onset of puberty can be as early as the age 8 or as late as 15 in girls and as early as age 9 and a half years and as late as age 15 in boys. It is the defining marker of the start of adolescence. The end of adolescence generally occurs between the age of 17 and 21 years and it is marked by the individual reaching full physical and developmental maturity or adulthood (Salkind 2006).

Adolescence is commonly divided into three phases: early adolescence (11 to 14 years), middle adolescence (14 to 16 years) and late adolescence (16 to 18 years) (Govindsamy, 2007). It is one of the crucial developmental stages because by the end of this period, a person must gain a firm sense of his or her ego identity. The search for ego identity starts very early in life reaches a climax during adolescence as young people strive to find out who they are and who they are not. During puberty, adolescents look for new roles to help them discover their sexual, ideological, and occupational identities. In this search, young people draw from a variety of earlier self images that have been accepted or rejected. The seeds of identity begin to sprout during infancy and continue to grow through childhood, the play age, and the school age (Feist & Feist, 2002). The word teenager in this research will be used interchangeably with the word adolescent.

1.4.2. Teenage Pregnancy

In this study, “adolescent or teenage pregnancy” means pregnancy in a woman aged 10–19 years. In most statistics the age of the woman is defined as her age at the time the baby is born (WHO, 2004).

1.4.3. Perceptions

According to Sadock and Sadock (2003) perceptions are processes of transferring physical stimulation into a psychological information; mental process by which sensory stimuli are brought to awareness.

1.5. The significance of the study

It is hoped that the solutions suggested in this study would be useful in controlling the escalating rate of teenage pregnancy. This would also help the understanding of teenagers, using Kohlberg’s theory of moral reasoning and the impact of teenage pregnancy on teenage mothers.

1.6. Résumé

This chapter has introduced the study and the factors that led to this study. The next chapter will deal with the history of teenage pregnancy and relate it to Kohlberg’s theory of moral development which explains how people reason at different stages.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

The previous chapter introduced the study's aim and objectives. This chapter discusses on the history of teenage pregnancy and use the theory of Kohlberg to understand the moral reasoning of the adolescence stage. An overview of Kohlberg's theory in the South Africa context will also be discussed.

2.2. History of teenage pregnancy

Adolescent reproductive health has become a focus of research and intervention globally, perhaps due to the recognition that the ages between 10-19 represent a window of opportunity to positively change the course of people's lives, including their present and future health status (Kilaru, Brookes, Ganapathy & Matthews 2002). Ojwang & Maggwa cited by WHO (2004) add that in recent decades adolescent pregnancy has become an important health issue in a great number of countries, both developed and developing.

Ojwang & Maggwa cited by WHO (2004) further argue that, pregnancy during adolescence is by no means a new phenomenon. In large regions of the world (e.g. South Asia, the Middle East and North Africa), age at marriage has traditionally been low in kinship-based societies and economies. In such cases most girls married soon after menarche, fertility was high, and consequently many children were born from adolescent mothers. This was not considered to be a problem. In contrast, in Europe during the 18th and 19th centuries, age at marriage was relatively high, and social control strongly

discouraged premarital sex; if conception occurred, this was usually followed by an early marriage.

Adolescent pregnancy occurs in all societies, with considerable variation in magnitude and consequences among different countries and regions. In each case, a variety of complex socioeconomic factors are involved. For example, in some societies girls are forced into early marriage and are expected to begin their families during adolescence. In such countries, adolescent childbearing is considered a social norm for marriage or as proof of fertility. An estimated 14 million women aged 15–19 years gave birth each year in the period 1995–2000, amounting to slightly more than 10% of all births worldwide, with 12.8 million births occurring to adolescents in developing countries (WHO 2007).

Adolescent pregnancy is commonplace in many countries. An estimated 14 million women aged 15–19 years gave birth each year in 1995–2000, with 12.8 million births occurring to adolescents in developing countries. More than half the women in sub-Saharan Africa and about one third in Latin America and the Caribbean give birth before the age of 20. The regional average rate of births, per 1000 women aged 15–19 years, is 115 in Africa, 75 in Latin America and the Caribbean, and 39 in Asia, compared to the world average adolescent fertility rate of 54 births per 1000 women aged 15–19 years. Furthermore, this reality is not only limited to developing countries. In developed countries, adolescent fertility rates range from 4.6 in Japan to 30.1 in the Great Britain and Northern Ireland and 48.7 in the United States of America (WHO 2007).

According to Adams, Gullotta, and Markstrom-Adams (1994) when the traditional or double standard of sexual behavior was still in vogue, the teenage couple who had conceived a child had few choices, and all of them difficult. Although the couple could marry, most often the girl quietly withdrew from school, amid neighborhood rumors, disappeared to stay with a relative or at a home for unwed mothers to await the birth of the infant. Once delivered, the infant was given up for adoption. According to William cited Jaffe (1998) society's treatment of pregnant teenagers has improved considerably since mid-century. Today pregnant teenagers are encouraged to give birth, keep their babies and stay in school.

According to United Nations cited by Swartz (2002), for South Africa as a whole, fertility was high and stable between 1950 and 1970. It was estimated at an average of 6 to 7 children per woman. It dropped to an average of 4 to 5 children per woman in the period 1980 to 1995. SADHS cited by Swartz (2002) adds that the current total fertility rate (TFR) of South Africa stands at 2,9. Chimere-Dan also cited by Swart (2002) states that Whites experienced a long and sustained fertility decline from the end of the 19th century until attaining below-replacement fertility by 1989, with a total fertility rate (TFR) of 1,9. Asian fertility also declined steadily, from a total fertility rate (TFR) of about 6 in the 1950s to 2,7 in the late 1980s. Colored fertility declined remarkably rapidly from 6,5 in the late 1960s to about 3 by the late 1980s. African fertility is estimated to have decreased from a high of 6,8 to a low of about 3,9 between the mid-1950s and the early 1990s. Although it continues declining, African fertility is still substantially higher than

that of the other racial groups.

In general, there seems to be a widespread agreement that fertility began to decline among all major population groups in South Africa prior to the end of apartheid. It occurred at a much faster level for Whites and Asians as compared to Africans and Coloreds. This occurred amidst the impoverishment of millions (especially African women), stark inequalities and the disempowerment of women. South African fertility rate is significantly lower than that of other countries in Southern and East Africa (Swartz 2002).

Independent Online (2006) published an article from *The Mercury* newspaper by Saville stating that teenage pregnancies in schools are rising every year, with the latest statistics showing that pregnancy, as a result of sexual abuse, is more and more prevalent. The article further comments that research on teenage pregnancies at 120 schools from South Africa were presented at the summit, which revealed that factors included peer pressure, poverty and media influence. The survey showed that 887 girls had fallen pregnant in 2006. In 2005 the figure was 727 teen pregnancies and 632 in 2004. In 2004, 43 girls reported being pregnant because of sexual abuse. In 2006, the figure had risen to 60. Goodness Buthelezi, a teacher at the Kuneningi Primary farm school in Pongola, said she had found that girls between the ages of 11 and 14 had become embroiled in love affairs.

WHO (2004) recognizes teenage pregnancy primarily as a sociological problem with adverse medical consequences. Most reports of birth to teenagers indicate an increased risk of developing at least some complications of pregnancy and poor neonatal outcome, especially preterm delivery and low birth weight infants. Sexually active adolescents are at increased risk of contracting HIV infection and other STDs. Mohase (2006) and Ngidi (2007) studies concur with this finding that teenage pregnancy is a social problem with many contributing factors. WHO (2004) states that the potentially harmful consequences of adolescent pregnancies include not only biomedical aspects (e.g. preterm birth and the complications of unsafe abortion, with associated increased perinatal and maternal mortality) but also psychosocial consequences (e.g. interruption of education, poverty, disruption of family relations).

2.3. Theoretical background

2.3.1. Biographical information

Kohlberg, who was born in 1927, grew up in Bronxville, New York, and attended the Andover Academy in Massachusetts, a private high school for bright and usually wealthy students. In 1948, he enrolled at the University of Chicago, where he scored high marks in admission tests that he had to take only a few courses to earn his bachelor's degree. This he did in one year. He stayed on at Chicago for graduate work in psychology, at first thinking he would become a clinical psychologist. However, he soon became interested in Piaget and began interviewing children and adolescents on moral issues. The result was his doctoral dissertation (1958a), the first rendition of his new stage theory (Murray, 2007).

According to Dianne & Mott (2001) Kohlberg's theory of moral development expands upon Jean Piaget's work in the 1930s concerning cognitive reasoning. Piaget proposed three *phases* of cognitive development through which people pass in a loose order. In contrast, Kohlberg posited six *stages* (in three levels, with two stages each) of moral development, based on cognitive reasoning, through which each person passes in an unvarying and irreversible order. According to Crain (1985) Kohlberg modified and elaborated Piaget's work, and laid the groundwork for the current debate within psychology on moral development. Consistent with Piaget, he proposed that children form ways of thinking through their experiences, which include understandings of moral concepts such as justice, rights, equality and human welfare. Kohlberg followed the development of moral judgment beyond the ages studied by Piaget, and determined that the process of attaining moral maturity took longer and was more gradual than Piaget had proposed (Crain, 1985).

2.3.2. Kohlberg's view of identity

According to Kroger (1989) Kohlberg conceptualizes moral reasoning as only one subdomain of the ego functioning, evolving alongside others (such as cognition) in the course of identity development. In his view, subdomains of ego functioning develop in relation to the social world. According to Kohlberg cited by Adams, Gullotta, & Markstrom-Adams (1994) the basis for sex typing was children's cognitive organization of their world. He viewed children as having a gender identity early on. This identity provides a basic self-categorization of what a boy or a girl is. The gender-identity schema

serves the role of selecting and organizing information about what is gender appropriate. As the schema becomes stable or constant in a child's mind, it becomes an increasingly dominant organizer of social information, which is influenced by the sex stereotyped information and social roles the child observes. Although societal factors influence the child's standards, the child's own thinking processes are more powerful in determining attitudes, preferences, or values about sex roles.

2.3.3. Stages of Moral Development

Kroger (1989) also proposes that the development of moral reasoning evolves through a series of stages, each capturing a mode of reasoning about justice qualitatively different from preceding and succeeding stages. He pointed the way toward an understanding of moral based on differing constructions or meanings of justice by individuals. Furthermore, each stage appears to occur in a universal, hierarchical, and invariant sequence; progressively more complex and comprehensive structures of moral reasoning emerge through the courses of development.

According to Muss (1996) Kohlberg's theory distinguishes three basic levels of moral development: the preconventional or premoral level, the conventional or moral level, and the postconventional or autonomous level. Moral development begins in young children as an undifferentiated selfish and egocentric idea, but with increasing maturity. It becomes more sophisticated and sociocentric as the individual moves through a series of sequential stages of moral thinking. He further says that in some individuals moral judgment may reach an awareness of both universal values and ethical principles of

justice. Kohlberg subdivided each of these three general levels into two stages to create a highly differentiated and elaborate theory of moral development of six stages.

According to Dianne & Mott (2001) stages 1 and 2 in the preconventional level involve an "egocentric point of view" and a "concrete individualistic perspective" in which the person makes choices based on the fear of punishment and the desire for rewards. In Stages 3 and 4 of the conventional level, persons make choices from a "member-of-society" perspective, considering the good of others, the maintenance of positive relations, and the rules of society. Persons in the final stages of the postconventional level, Stages 5 and 6, reason from a "prior-to-society" perspective in which abstract ideals take precedence over particular societal laws. Each level represents a fundamental shift in the social-moral perspective of the individual (Murray, 2007). Each stage of moral reasoning represents a distinct moral philosophy that has implications for education, social, and political organization, and can serve as a typology of moral orientation even among adults (Muss, 1996).

According to Kohlberg, every person begins at Stage 1 of moral reasoning and develops progressively to Stage 2, then Stage 3, etc. Not everyone makes it through all six stages; in fact, people who use Stage 5 or 6 moral reasoning are quite rare. Kohlberg claimed that his stages of moral development are universal, applying equally to all human beings across cultural divisions (Dianne & Mott, 2001)

2.3.4. Level 1: Preconventional or Premoral Level of Moral Reasoning

According to Muuss (1996) this level is most prevalent during childhood; it is concerned with external, concrete consequences of an act to the self. It commonly includes ages of 4 to 10 but may characterize the moral reasoning of some adolescents and even adults. Kroger (1989) states that at this general level, one responds to cultural labels of good or bad, right or wrong, but interprets such labels in the interests of the self. The physical or hedonistic consequences of an action for the self are the prime considerations in moral decision-making, alongside rigid adherence to authority.

2.3.5. Level 1, Stage 1: The Heteronomous Morality

Crain (1985) states that Kohlberg calls stage 1 thinking "preconventional" because children do not yet speak as members of society. Instead, they see morality as something external to themselves, as that which the big people say they must do.

Muuss (1996) adds that Kohlberg actually referred to this stage as the "obedience and punishment orientation." Children at this stage manifest submission to superior power and try to avoid trouble. Kroger (1989) also states that obedience to authority is valued to avoid punishment and to achieve self-gratification; the physical consequences of an action to one's own interest determine its 'rightness' and 'wrongness'. According to Murray (2007) this stage is characterized by ego-centrism and the inability to consider the perspectives of others.

2.3.6. Level 1, Stage 2: Individualistic, Instrumental Morality

Children can now distinguish between the physical damage and psychosocial intent; however, they still confuse individual needs with what they think is right or wrong (Muuss, 1996). In this stage the respondent holds a one-way concern about another person; another's value is determined by the way in which he or she can meet the respondent's needs. Still reasoning from a perspective of self-interest, an individual at this stage acknowledges the value of others but does so in a hedonistic way (Kroger, 1989).

There is, a moral relativism during this stage; and, as a result, an individual has difficulty in deciding among conflicting claims and in establishing priorities. A major motivation becomes the manipulation of others in order to obtain the desired reward (Muuss, 1996). In this stage there is the early emergence of moral reciprocity. The orientation focuses on the instrumental, pragmatic value of an action. Reciprocity is of the form, "you scratch my back and I'll scratch yours." The Golden Rule becomes, "If someone hits you, you hit them back." One follows the rules only when it is to someone's immediate interests. What is right is what's fair in the sense of an equal exchange, a deal, an agreement. In this stage there is an understanding that everybody has his (her) own interest to pursue and these conflict, so that right is relative (in the concrete individualist sense) (Murray 2007). At this stage children recognize that there is not just one right view that is handed down by the authorities. Different individuals have different viewpoints (Crain, 1985).

2.3.7. Level 2, Stage 2: The Conventional or Moral Level

According to Kroger (1989) at this general level, maintaining the expectations of the family, social group, or nation is valuable for their own sake, regardless of consequences, is perceived as the 'true morality.' There is a desire here to avoid any disruption to the smooth-functioning of social norms, either in the small group or larger legal system.

According Muuss (1988) at this level, children become concerned about meeting external social expectations. They base their moral orientation on an acceptance of the existing social order and a clear recognition of the rights of others. Kohlberg described an individual at this level as conforming to social conventions, desiring strongly to maintain, support, and justify the existing social orders. Most adolescents and even the majority of adults function on the conventional level. As an individual progresses into adolescence, the association of a specific chronological age with a specific level of moral reasoning becomes increasingly difficult. Many adults continue to function primarily at the conventional level, while some mature adolescents reason at the postconventional level.

2.3.8. Level 2, Stage 3: Interpersonal Normative Morality

According to Muuss (1996) this is the stage of the conventional level in which the egocentric orientation is replaced by one that is sociocentric, a fundamental reorientation. According to Dianne & Mott (2001) persons at Stage 3 define what is right in terms of what is expected by people close to one's self, and in terms of the stereotypic roles that define being good - e.g., a good brother, mother, teacher.

Crain (1985) also adds that children who are by now usually entering their teens see morality as more than simple deals. They believe that people should live up to the expectations of the family and community and behave in "good" ways. Good behavior means having good motives and interpersonal feelings such as love, empathy, trust, and concern for others. According to Kruger (1989) a concern about conformity to opinions of others and group norms are the motives which drives this stage of moral judgment. The desire to be a good boy or a nice girl and please others characterizes this mode of thought. There is conformity to stereotyped notions of what is natural.

Muuss (1996) also adds that personal needs and morality can be distinguished, but the confusion is now between social approval and 'right' and 'wrong'. Living up to the expectation of others becomes more important than "goodness." Good behavior now becomes that which pleases or helps others, and children will try to behave, not because it is the right thing to do, but in order to win the approval of others. Because the ties that individuals have to their social group now define morality, adolescents may break the laws of the larger society in order to win the approval of their peers. Actions are right if they win approval and wrong if they elicit disapproval from significant others. The need to win approval of the immediate social group and to live up to the perceived expectations of the significant others becomes the yardstick for moral decisions in smoking, alcohol, and drug use, sex and abortion. Seventh-grade adolescents in stage 3 tend to conform more than age mates who are actually were at either a higher or a lower level of reasoning. According to Crain (1985) stage 3 reasoning works best in two-person

relationships with family members or close friends, where one can make a real effort to get to know the other's feelings and needs and try to help.

2.3.9. Level 2, Stage 4: Social System Morality

Murray (2007) states that stage 4 marks the shift from defining what is right in terms of local norms and role expectations to defining right in terms of the laws and norms established by the larger social system. This is the "member of society" perspective in which one is moral by fulfilling the actual duties defining one's social responsibilities. One must obey the law except in extreme cases in which the law comes into conflict with other prescribed social duties. Obeying the law is seen as necessary in order to maintain the system of laws which protect everyone. According to Crain (1985) at stage 4, the respondent becomes more broadly concerned with society as a whole. Muss (1996) states that characteristic of morality at stage 4 are a strong belief in law, order, duty, and legitimate authority. The individual views the existing social order as of primary value. However, rather than involving abstract principles of justice, at stage 4 the rules are concrete. Crain (1985) also states that at stage 4, people want to keep society functioning.

2.3.10. Level 3, Postconventional or Autonomous level

Muuss (1996) contends that moral reasoning at this postconvention level depends on fundamental principles such as individual rights, equality, a human dignity, contractual agreement, and mutual obligation. Kroger (1989) states that at this level, the reasoner is able to define moral values in a manner quite apart from social group conventions or the

prevailing legal system. While one may still identify with such systems, they are now considered relative to other possible orders. Morality here is internalized; at this level, one may still be concerned with relationship to the community or one's views of morality may be individualistic in nature.

Muuss (1996) stated that the autonomous individual identifies the primary concern as self-chosen moral principles. At this advanced level, the approach to moral problems is no-longer based on selfish needs, nor on conformity to others or the social which structure depends upon autonomous, universal principles of justice that retain validity even beyond existing laws, social conventions or one's personal social reference group. At this high level of moral judgment behavior reveals more internal congruence than at earlier levels. Murray (2007) states that the post-conventional level is characterized by reasoning which is based on principles, using a "prior to society" perspective. These individuals reasoning is based on the principles, which underlie rules and norms, but reject a uniform application of a rule or norm.

Murray (2007) also adds that in essence this last level of moral judgment entails reasoning rooted in the ethical fairness principles from which moral laws would be devised. Laws are evaluated in terms of their coherence with basic principles of fairness rather than upheld simply on the basis of their place within an existing social order. Thus, there is an understanding that elements of morality such as regard for life and human welfare transcend particular cultures and societies and are to be upheld irrespective of other conventions or normative obligations.

2.3.11. Level 3, Stage 5: Human Rights and Social Welfare Morality

According to Muuss (1996) Kohlberg refers to this stage, which is based on formal, abstract, operational thinking ability, as the principled stage of moral thinking. Moral behavior reflects a concern for the welfare of the larger community and a desire for a community respect. Because the individual believes the law should preserve human rights and serve the larger community, unfair or unjust laws must be changed. Laws and rules for behavior are no more and not less than an agreed upon social contract. Kroger (1989) states that at this stage one is aware that the group values are relative; community norms are now viewed as potentially changeable if warranted. There is a desire to adhere to community rules, but such rules have been critically evaluated by its members prior to commitment. There appears at this stage an emphasis on social order, but on a legal system which is maintained not for its own sake but rather in relation to the changing needs of the community. Rules governing the social order are modifiable by mutual consensus.

Murray (2007) postulates that in stage 5, respondents basically believe that a good society is best conceived as a social contract into which people freely enter to work toward the benefit of all. They recognize that different social groups within a society will have different values, but they believe that all rational people would agree on two points. First they would all want certain basic *rights*, such as liberty and life, to be protected. Second, they would want some *democratic* procedures for changing unfair law and for improving society.

According to Kohlberg cited by Crain (1985) stage 5 subjects then, talk about "morality" and "rights" that take some priority over particular laws. Kohlberg insists, however, that we do not judge people to be at stage 5 merely from their verbal labels. We need to look at their social perspective and mode of reasoning. At stage 4, too, subjects frequently talk about the "right to life," but for them this right is legitimized by the authority of their social or religious group (e.g., by the Bible). Presumably, if their group valued property over life, they would too. At stage 5, in contrast, people are making more of an independent effort to think out what any society ought to value. They often reason, for example, that property has little meaning without life. They are trying to determine logically what a society ought to be like.

2.3.12. Level 3, Stage 6: Morality of Universalizable, Reversible, and Prescriptive General Ethical Principles

Muuss (1996) asserts that morality at this most principled stage of moral reasoning assumes a conscience that is based on self-chosen ethical principles that place the highest value on human life, equality, and dignity. Rules are binding only to the extent that they represent these ethical principles. Rules that violate ethical principles must be broken and then penalty willingly accepted. Stage 6 concept of justice goes beyond any particular existing social order. Consistency, logical comprehensiveness, and universality characterize the ethical principles of stage 6 subjects. No one can attain the individual principled level without having operated first at the social contractual level and without having clearly understood the basic contractual nature of the existing social order.

Muuss (1996) argues that the individual governed by universal ethical principles may practice civil disobedience, not out of disrespect for the law, but out of respect for a morality higher than existing law. Unjust laws will be broken because stage 6 morality is grounded not in legality, but in ethical principles of justice and in respect for the rights of the individual. In practicing civil disobedience, the individual willingly accepts the penalty in order to demonstrate to the society at large that principles of justice, human rights, and dignity of the human being are more important than the law. In stage 6 individuals feel that no law, no contract, no moral obligation, and no fear of punishment can interfere with their desire to save those they love.

According to Crain (1985) theoretically, one issue that distinguishes stage 5 from stage 6 is civil disobedience. Stage 5 would be more hesitant to endorse civil disobedience because of its commitment to the social contract and to changing laws through democratic agreements. Only when an individual's right is clearly at stake does violating the law seem justified. In stage 6, in contrast, a commitment to justice makes the rationale for civil disobedience stronger and broader

2.3.13. Overview of Kohlberg in a South African context

According to the comparative study that was conducted by Ferns and Thom (2001) about the moral development of Black and White South African adolescents they found that moral development of White South African adolescent boys and girls takes place progressively according to the stages Kohlberg described in his theory of moral development, mainly from stage 2 to stage 5 of moral reasoning. This finding may be

ascribed to the socialization of White adolescents in South Africa, according to the western values and norms whereby White adolescents develop their moral reasoning from a stage of reasoning based on the external moral principles to a higher stage of reasoning, where internalized moral principles are accepted in stage 5.

In contrast, the Blacks South African adolescents do not show the moral developmental pattern that Kohlberg has described. These adolescents develop from stage 2 to stage 4 of moral reasoning, which also seems to be the highest level of moral reasoning they reach as adolescents. This developmental pattern of moral reasoning among the Black adolescents may be the result of socializing according to traditional Black African values and norm, which according Dreyer cited by Fern and Thom (2001), are aimed at making the Black adolescent an ideal member of the community in such traditional socio-cultural environments where emphasis is laid on the individual's conforming with the group, the welfare of the group and interdependent behavior.

According to Durojaiye and Hadebe cited by also Fern and Thom (2001), individuals in Black cultures in South Africa are to a great extent oriented towards the interests and the welfare of the family and larger social group. This may be another reason why the moral reasoning of Black adolescents moves from stage 2 to stage 4, largely skipping stage 3. In the moral reasoning of stage 3 ("good boy/girl orientation"), the role of the individual is conceptualized as a deep emphatic process wherein the individual becomes aware of other people's feelings.

2.3.14. Criticisms of Kohlberg's Theory

There have been many criticisms against Kohlberg's theory of moral development and his methods. Some critics claim that the use of hypothetical situations skews the results because it measures abstract rather than concrete reasoning. When children (and some adults) are presented with situations out of their immediate experience, they turn to rules they have learned from external authorities for answers, rather than to their own internal voice. Therefore, young children base their answers on rules of "right" and "wrong" they have learned from parents and teachers (Stages 1 and 2 according to Kohlberg's theory). If young children are presented with situations familiar to them, on the other hand, they often show care and concern for others, basing their moral choices on the desire to share the good and maintain harmonious relations, placing them in Stage 3 or 4 (which Kohlberg claimed was impossible at their age) Dianne & Mott (2001).

Kurtines and Greif cited by Modgil and Modgil (1986) queried the methodological considerations and predictive validity of moral judgment to moral action. Kroger (1989) adds that imprecise instruction with non-standard administration procedure and lacks reliability (consistency over time) were all problems raised with Kohlberg's early work. Modgil and Modgil (1985) argue that Kohlberg is writing on ego development evidently change from one year to the next.

According to Dianne & Mott (2001) Kohlberg's theory also places Western culture at the top of the scale, with little room for cross-cultural inclusion. Although Kohlberg insisted that his theory was culturally inclusive, he found little empirical evidence to back this up.

Simpson cited by Crain (1985) argued that Kohlberg's stages are culturally biased. For example, Kohlberg has developed a stage model based on the Western philosophical tradition and has then applied this model to non-Western cultures without considering the extent to which they have different moral outlooks. According to Modgil and Modgil (1985) cross-cultural research is the only empirical strategy that can establish the universality of Kohlberg's system.

Kroger (1989) argues that woman's voices need to be heard in the creation of theories addressing personality development. She suggested that morality really involves two different types of orientations: one, a justice and equality perspective, and the second, an ethical care and responsibility towards others. Both perspectives are used in the moral decision-making process by both men and women; however, men are far more likely to give responses based on the justice perspective that emphasizes separation and autonomy, while women's responses are more characterized by care and concern for others.

2.4. Résumé

This chapter presented the theoretical background to the study, including, history and prevalence of teenage pregnancy, Kohlberg's view of identity and all his stages of moral development. Criticism of Kohlberg's theory is discussed in length. The aim of this chapter was to relate teenage pregnancy and with how people reason in a social context using Kohlberg's theory. The next chapter will detail research methodology used in this study.

CHAPTER THREE: RESEARCH METHODS

3.1. Introduction

The previous chapter presented a review of literature on teenage pregnancy and the stages of moral reasoning of people at different levels in Kohlberg's theory. This chapter describes the methods the researcher used in collection of data, its analysis and interpretation of the data in order to achieve the study objectives. Qualitative and quantitative methods were used for this study.

3.2. Research design

A qualitative design was used for the collection of the data as it allowed for the exploration of the quality and in-depth perceptions of teenagers and their moral reasoning. It was used as a specification of the most adequate operations to be performed in order to test perceptions of teenagers (Bless, Higson-Smith, & Kagee 2006). It was used as a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research. It also guided the arrangement of the conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. Designing a study involves multiple decisions about the way in which the data will be collected and analyzed to ensure that the final report answers the initial research question. These are the questions that the researcher took in to consideration when planning a research design as listed by Leedy cited by Aina (2002).

- (1) What are the data needed?
- (2) Where are the data located?
- (3) How will the data be collected?
- (4) How will the data be interpreted?

This research design consists of two essential processes – research methods and data collection instrument. The choice of this research design or method was based on the nature of the problem.

This study is an exploratory research whose purpose was to gain a broad understanding of a situation, phenomenon, community or person (Bless, Higson-Smith Kagee: 2006). Information was collected through open-ended questionnaire and in participants' natural setting. This study purpose was to satisfy the researcher's curiosity and desire for better understanding, to test the feasibility of undertaking a more extensive study, and to develop the methods to be employed in any subsequent study.

The exploratory nature of this study was based on the fact that the research explored female adolescents, on how they perceive teenager pregnancy and what their solutions to teenage pregnancy are and the factors that they think contribute to teenage pregnancy.

3.3. Qualitative methods

Qualitative research was employed in this research as it was conducted where participants normally conduct their activities. The researcher wanted to make sense of the feelings, experiences, social situations, or phenomena as they occur in the participants' real world.

The qualitative research approach helped the researcher to gain more insight on the phenomena under study especially where the phenomena cannot be quantified.

Data was collected in a spontaneous and open-ended fashion, thus, these methods have far less structured and control. Jackson (2008) states that the participants eventually adjust to the researcher's presence (thus reducing reactivity) and that, once they do, the researcher is able to acquire perceptions from different points of view.

3.4. Quantitative methods

Quantitative research is one which is conducted using a range of methods which use measurement to record and to investigate aspects of social reality (Holland & Campbell, 2005). According to Blanche, Durrheim, and Painter (2006) it is research in which data are collected or coded into numerical forms, and to which statistical analyses may be applied to determine the significance of the findings. According to Holland & Campbell (2005) quantitative methodology produces data in the form of numbers, it has the comparative advantage of being able to enumerate and predict relationships for large populations, and for this reason data are assigned a high degree of confidence. It achieves this by simultaneously holding a range of variables constant, in order to focus on the relationship between two or more specified variables. The observed relationship between such variables allows analysts and policy makers to identify causal impact and covariant changes. By generating standardized numerical data, analysts identify longitudinal trends and, using statistical techniques, can aggregate data to compare with the findings across the populations and geographical areas.

In this study, a questionnaire was used as an objective scale that is aimed at quantifying the responses for more objective comparisons to the data obtained qualitatively from participants. The data were subjected to statistical analysis to see if there were any statistically differences related to participants' age, religion, and race.

3.5. Sampling

Maxwell (2005) contends that sampling is making decision about where to conduct one's research and to whom. The main advantages of sampling was that gathering data from the sample was less time-consuming and that it was less costly. The researcher used thirty participants' from semi-urban school and ten from semi-rural schools. Forty female learners from two different schools were interviewed, that is, thirty learners from semi-urban school and ten from semi-rural school. Learners from semi-urban school were of different races and they were from grades five, six and seven that is, ten participants from each grade. Learners from the semi-rural school were only from one race and their home language is isiZulu. A convenience sample was used in that the criterion for inclusion into the sample was based on female learners who were doing grades five to eight.

3.6. Instrument for data collection

An open-ended structured questionnaire was utilized by the researcher in the collection of data. Section A of the questionnaire required demographic information such as age, religion, race, etc, of respondents. Section B consisted of open-ended questions which

included questions like how the participants feel about teenage pregnancy, what factors they think lead to the increase in teenage pregnancy, suggested solutions to teenage pregnancy, how pregnancy affects a growing teenager. The questionnaire was also interpreted in isiZulu to accommodate those participants who did not understand English and a person from the Department of isiZulu was also consulted to assist in ensuring that the questionnaire was interpreted correctly.

3.8. Procedure of data collection.

Permission was requested from the school principals to conduct the study with the school learners. A questionnaire was administered during school time and at the participants' school.

3.8. Data Analysis

3.8.1. Data Analysis in qualitative research

Babbie (2007) argues that qualitative analysis ought to have nonnumerical examination and the interpretation of observation, for the purpose of discovering underlying meanings and patterns of relationships. The data in the study was in the form of written words. It was then analyzed into categories and put into themes which were later generalized. These are the steps that were utilized in analyzing the data according to Devlin cited by Oluwafemi (2008) as:

- By reading through all the written responses,

- By creating a condensed list of respondents,
- By creating a list of categories (not more than six or seven) and
- By developing an operational definition for each category.

Neuman (2006) further states that qualitative researchers form new concepts or refine concepts that are grounded in the data. Thus conceptualization is one way that a qualitative researcher organizes and makes sense of data. A qualitative researcher analyzes data by organizing it into categories on the basis of themes, concepts, or similar features. A researcher organizes the raw data into conceptual categories and creates themes or concepts. Instead of a clerical data management task, qualitative coding is an integral part of data analysis. It is guided by the research question and leads to new question. It frees a researcher from entanglement in the details of the raw data and encourages higher-level thinking about it. It also moves him or her toward theory and generalization.

3.8.2. Data Analysis in quantitative research

Babbie (2007) is of the view that quantitative analysis is the numerical presentation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect. According to Neuman (2006), before a researcher examines quantitative data to test the hypotheses; he or she needs to put them in a different form. Here, data coding entails systematically reorganizing raw data into a format that is machine readable. For example, a researcher codes males as 1 and females

as 2. Babbie (2007) further states that the end product of the coding process is the conversion of data items into numerical codes. He also notes that quantitative analysis is always handled by computer program such as SPSS, excel, etc.

According to Neuman (2006), accuracy is extremely important when coding data. Errors made when coding or entering data into a computer threaten the validity of the measures and can cause misleading results. Researchers verify coding after the data are in the computer in two ways. Possible code cleaning that involves checking the categories of all variables for impossible codes. A second method is contingency cleaning that involves cross-classifying two variables and looking for logically impossible combinations. A researcher can modify data after they are in a computer.

Both quantitative and qualitative analyses were utilized in the conceptualization of the study. Quantitative analysis was utilized for the participants' biographical data. Data was presented in frequency tables for easy interpretation. Data of the participants who wrote in isiZulu were translated to English for the analysis.

3.8. Résumé

In this study, the first data analysis involved all the data that was collected from the participants. The raw data were then organized into categories and themes for example, on how participants feel about teenage pregnancy, factors that participants think lead to the increase in teenage pregnancy, suggested solutions and the impact teenage pregnancy have on growing teenager. It has described the methods of research that the researcher in

the present study utilized. The primary goal of the study is to use a sample that is representative of the population; the present study used all the races to represent the population. The next chapter presents research findings.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1. Introduction

The previous chapter explained in depth the stages the researcher used to collect data and the methods that she used. This chapter presents and discusses the results obtained from the participants and the researcher's findings using tables and graphs. The first section presents the participants biographical details. The second section consists of the analysis of themes based on the raw data that was collected from the participants. Each section is followed by a detailed discussion.

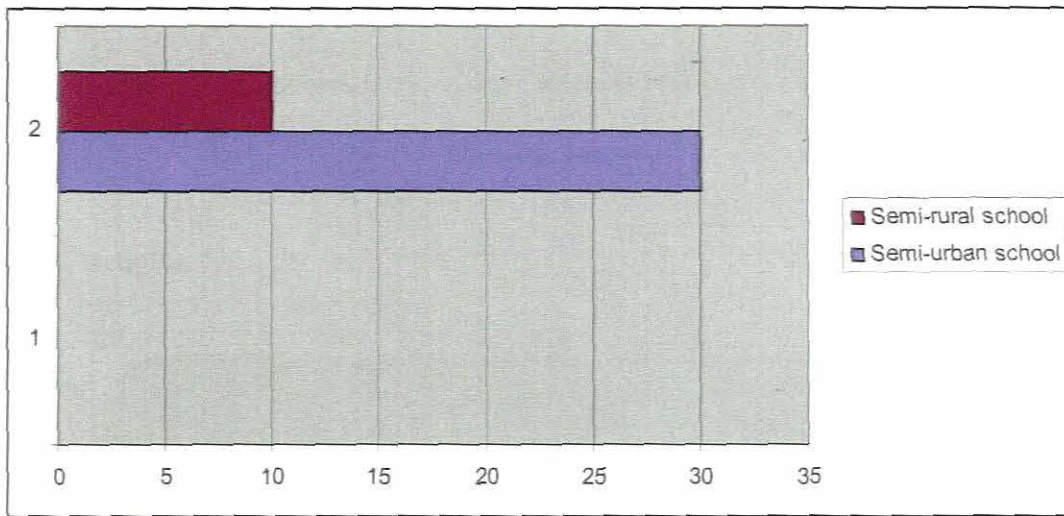
4.2.1. Participants

In this research, it was important to establish the ages of the respondents as the study is about teenagers and to understand them in items of Kohlberg theory.

AGE	f	%	No. of Children
10	4	10	0
11	7	17,5	0
12	10	25	0
13	10	25	0
14	5	12,5	0
15	2	5	0
16	1	2,5	0
17	1	2,5	0
Total	40	100	0

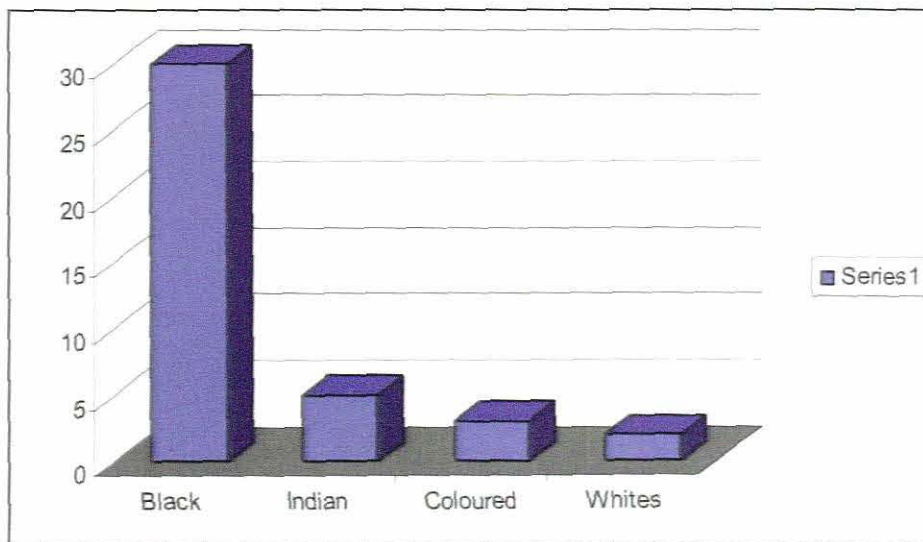
From the above table it can be deduced that most respondents (90%) were between 10 to 14 years and 10% of these were between 15 to 17 years.

4.2.2. Schools



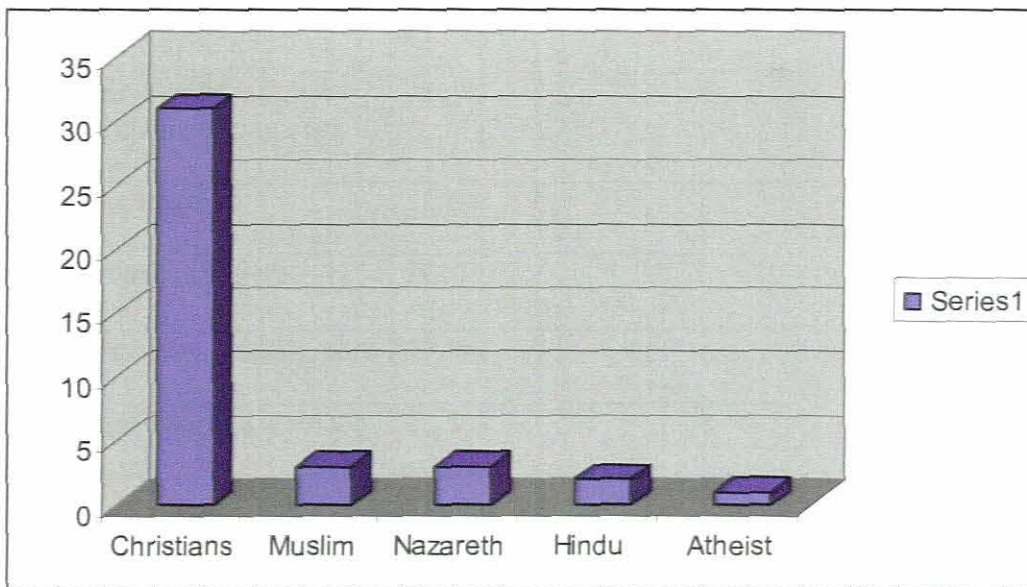
The majority of participants were from semi-urban schools while the minority was from semi-rural school.

4.2.3. Races groups



From the above graph it can be deduced that 75% of participants were Black followed by 15% Indians, then followed by 7,5% Coloreds and 2,5%. Whites were the least in number.

4.2.4. Religion



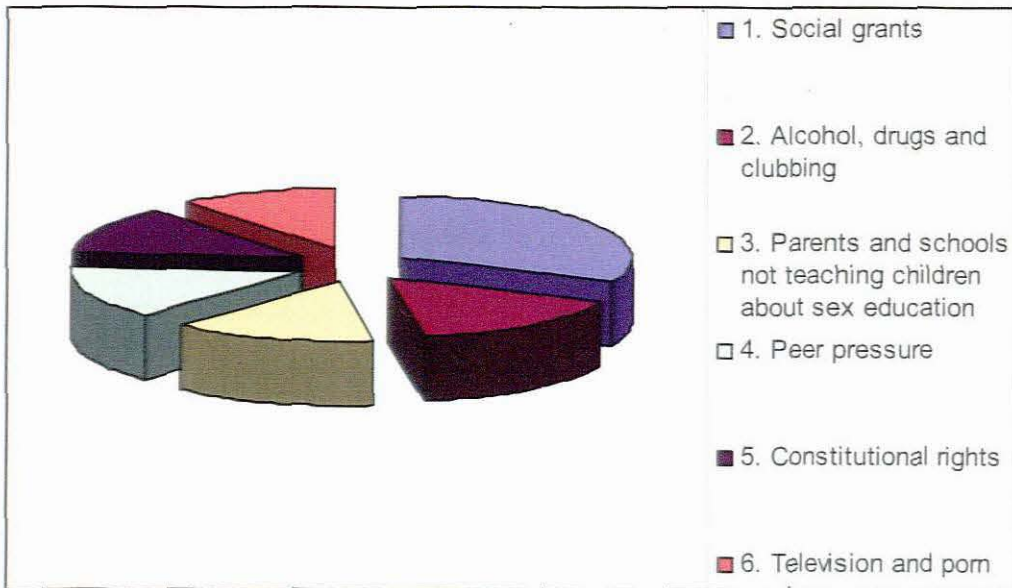
From the above graph it can be deduced that the majority of participants were Christians followed by Muslim and Nazareth, followed by Hindu and there was one Atheist.

4.3. Participants Responses

4.4. TABLE 4.3.1: Table showing participants' perceived factors that contribute to teenage pregnancy

Responses	Percentages
1. Social grants	50%
2. Alcohol, drugs and clubbing	25%
3. Parents and schools not teaching children about sex education	22.5%
4. Peer pressure	22.5%
5. Constitutional rights	20%
6. Television and porn movies	17.5%
7. The legal abortion services	17.5%

Graph 4.3.2: Graph showing participants perceived factors that contribute to teenage pregnancy



4.3.3. Discussion of results

Most of the participants mentioned that they felt bad about the high rate of pregnancy and they mention how it affects the growing teenagers, some, factors which lead to teenage pregnancy and they also suggested some solutions which will be discussed later.

For question two section b they mentioned factors that contribute to teenage pregnancy which we are going to explain one by one. Other researches will be looked at to see what they say about those factors. The factors that the participants think contribute to teenage pregnancy were obtained after the raw data were put into categories.

4.3.3.1. Social grants

It was established from this research that 50% of participants believe that Child support is one of the contributing factors in the high rate of pregnancy. These findings coincide with the findings from the Department of Health that was published by the Independent Online an article from *The Star* newspaper whereby Mzolo stated that their research has revealed that the problem is usually concentrated in informal settlements because most families are poor. In some instances, poverty is so rife that some girls will fall pregnant in order to get the child support grant for survival, while others are from child-headed families and will do anything to put food on the table.

4.3.3.2. Alcohol, drugs and clubbing

25% of the participants believe that alcohol, drugs, and clubbing contribute to the high rate of pregnancy which supports Ngidi's (2007) statement, which agrees that those teenagers who abuse drugs and alcohol end up engaging in sexual intercourse. Under the influence of these substances teenagers take chances they otherwise would not. They may be careless about using protection against pregnancy. The use of drugs leads to teenage pregnancy because drugs lead to sex, which is usually unsafe sex.

Mosiane (2006) agrees on the factors associated with alcohol and drug abuse. Most of the abuse takes place in the presence of peer environment which may also indicate a friendship pattern which concurs with Kohlberg who states that there is a stage whereby a child would succumb to peer pressure. Mosiane (2006) also states that substance abuse has increased dramatically mostly in rural areas. Female adolescents also use dagga

which they regard as a soft drug after using dagga for a while they graduate to more serious drugs like cocaine and mandrax.

Ngidi (2007) also adds that most of the teenagers who like to spend their time going to night clubs, are the victims of teenage pregnancy. This concurs with the findings of Mohase (2007) who states that it is proven that under the influence of drugs or alcohol an individual can behave recklessly and completely irrational in other words people can do things which they wouldn't do under a sober mindset.

4.3.3.3. Parents and schools not teaching children about sex education

25% of the participants stated that parents and schools are not teaching them enough about sex education and the Lovelife research has consistently found that young people first want to hear about sex from their parents, and want a continuing conversation with them about issues of life, relationships, sex and sexuality. Over three quarters of young people believe that open communication reduces the risk of HIV/AIDS, reduces the risk of teen pregnancy (78.6%), and encourages adolescents to be more responsible. Many parents are afraid to talk with their teenagers about sex because they think it would encourage them to have sex.

Ngidi (2007) also adds that teenagers have a lot of questions about sex but do not know where to go for answers. Schools provide little or no sex education. Lack of knowledge seems to be the greatest contributing factor as far as teenage pregnancy goes. Most

teenagers in many parts of the world fall pregnant either because they are not aware of the possible result of having sex or they are experimenting trying to find answers for themselves.

4.3.3.4. The effect of peer pressure

Of the participants, 22,5% of them believe that peer pressure contributes to the high rate of teenage pregnancy, which coincides with Williams cited by Mohase (2006) who states that peer pressure has been a traditional cause of any teenage mischief that one could think about. Here teenagers rely on their friends for information as they want to be accepted within a particular social group. This information is often misleading and uninformed. They often get pregnant not to please themselves, but only to be accepted within a group of pregnant or parenting friends. Sometimes they advice each other that in order to keep a loved boyfriend the solution is to have sex with him and bear a child for him, which is often misguided and completely inaccurate.

This research coincides with one of the stages of Kohlberg whereby an individual because of the ties that they have with their social group they will define morality; adolescents may break the laws of the larger society in order to win the approval of their peers. This also concurs with the findings of Govindsamy (2007) who states that girls realize that the use of boys as symbols of elevated status is beneficial to their reputation within their own peer group.

4.3.3.5. Television and pornographic movies

Of the respondents, 17,5% believe that television and movies contribute to the high rate of teenage pregnancy which coincide with Ngidi (2007) results that children see things on television and in magazines. So what they see on TV and read from magazines they tend to exercise and see that they can actually do it themselves. Excessive sex movies are displayed on the television shows and which teenagers watch, and the music they listen to. Sex on the television and in the movies involves people who are unmarried. Teenagers do not worry about birth control or to protect themselves from sexually transmitted diseases. Consequences of sex such as unwanted pregnancies are not shown. Sex looks easy, fun and glamorous.

4.3.3.6. Constitutional rights

A considerable 20% of the respondents felt that the government is giving too many rights to the learners who are pregnant. According to the government polices the expulsion or exclusion of young women from school as a result of pregnancy is an unfair and unjust practice.

4.3.3.7. The abortion services

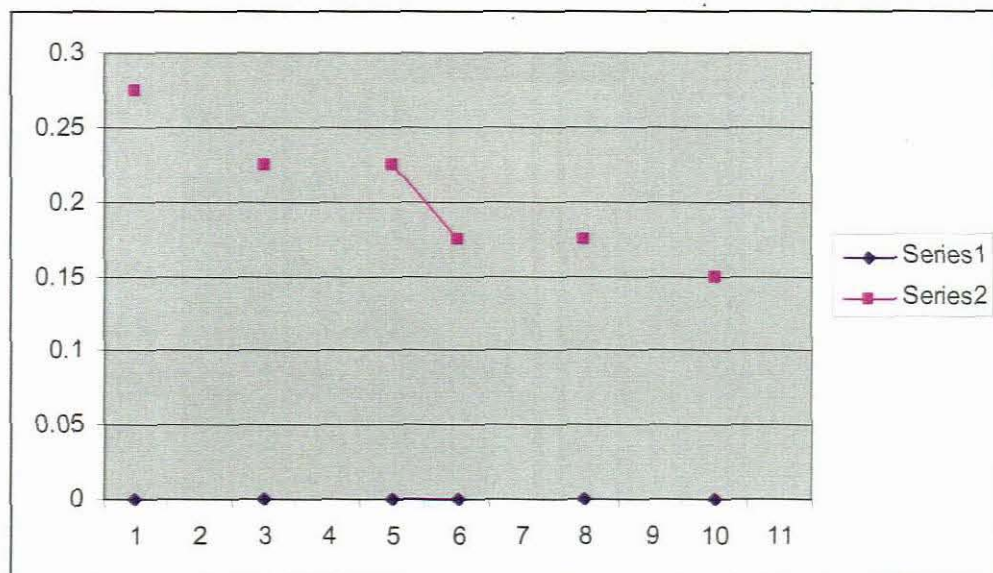
Only 17,5% participants believe that legalized abortion services contribute to the high rate of teenage pregnancy. According to the study conducted by Lang, Joubert, & Prinsloo (2005) there is a relatively high percentage of participants, who consider TOP to be contraceptive method or are unsure. Most of the women who terminated pregnancy

were young, single, not using contraception, and had opted for induced abortion just because the conception represented an unwanted pregnancy. This implies that some of the population is not aware that termination of pregnancy is not a family planning method. It also discloses a lack of appropriate information about family planning in general.

4.3.4. Table presenting the solutions that the participants came up with to curb the escalating rate of teenage pregnancy.

Solutions	Percentage
1. Removal of child support	27.5%
2. Government to stop providing abortion services	22.5%
3. Increase in the proper use of contraceptives	22.5%
4. Implementation of sex programs in schools, communities and television	17.5%
5. Girls should be discouraged by parents to date when they are still young	17.5%
6. Television to stop playing porn movies and sex related movies	15%

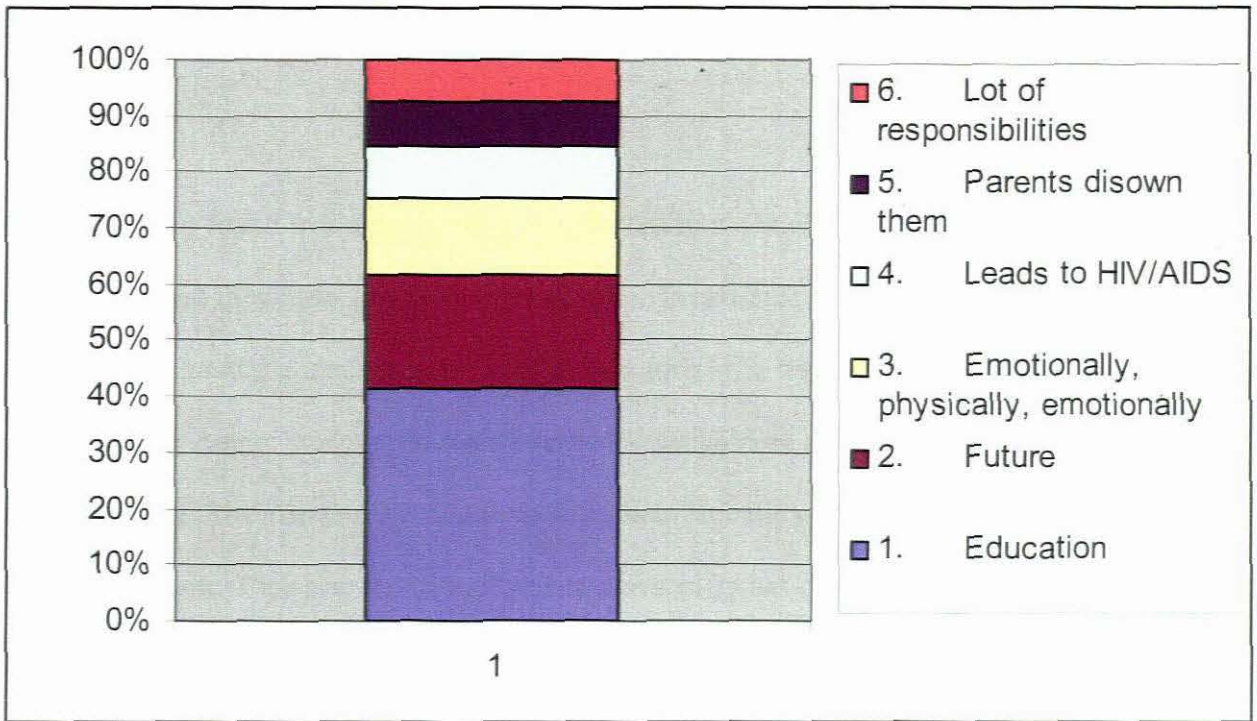
Graph 4.3.5.: an illustrating of the percentages of solutions that the participants came up with to curb the escalating rate of teenage pregnancy in graph.



4.3.6. The effect of teenage pregnancy according to participants:

Effect	Percentage
1. Drop out	67.5%
2. Future	32.5%
3. Emotional, physical, emotional effects	22.5%
4. The likelihood of HIV infection	15%
5. Parents disown their children	12.5%
6. Lot of responsibilities	12.5%

4.3.7. An illustration of ways of avoiding teenage pregnancy



4.3.7.1. Teenagers' education and future

Of the total number of participants, 67.5% stated that teenage pregnancy affects teenagers in a negative way for example some drop out of school, which coincides with a lot of research from abroad and in South Africa. Ngidi (2007) states that teenage pregnancy is a factor when looking at the school drop-out rates among girls. Many girls in South Africa give birth during their teenage years, but these girls are neither economically nor emotionally ready to deal with parental responsibilities. Pandor (2007) also states that it is common knowledge that teenage mothers are less likely to finish school. This means that they are less likely than their friends or boyfriends to get secure employment. More than this, teenage mothers are likely to become single parents and to live in poverty. In

turn this puts their children especially girl children, at risk, at risk of poor health and at risk of becoming teenage mothers themselves. And so the generational cycle turns and repeats itself.

Mohase (2006) found that all girls who participated in his study agree that if it had not been for the fact they have babies they would have been much better learners. They see themselves as having a much heavier burden than girls who do not have children. They argue that they cannot study or do their homework assignment at home like they used to do them before. They often have to put up with their "attention seeking" children ignore their school work. They also feel that often because society has changed attitudes towards them it is also difficult to socialize and relieve "stress."

4.3.7.2. Emotional, physical and mental effects

Only 22,5% participants believe that when you are teenager and you fall pregnant you will be affected emotionally, physically and mentally. This concurs with the findings of the WHO (2004) which states some health risks associated with pregnancy and childbearing are more pronounced among adolescents than among older women, due to the adolescents' physiological and psychological immaturity, lack of adequate antenatal care and safe delivery. In many studies, the outcome of adolescent pregnancies was unfavorable compared to the outcome of pregnancies in older women.

Convincing evidence from developed and developing countries is available showing that adolescent pregnant girls are at increased risk for preterm delivery (<37 weeks) compared

to older pregnant women. The youngest age groups run the highest risk. Possible etiological and/or associated factors are immaturity of organs (especially in girls with low gynecological age, i.e. a short interval between menarche and pregnancy). Most studies from developing countries reported that levels of maternal mortality were higher in young adolescents. The main causes of adolescent maternal death were malaria, pregnancy-induced hypertension, puerperal sepsis and septic abortion (WHO: 2007).

4.3.7.3. The likelihood of HIV infection

Of 15% participants stated that teenage who fall pregnant are in high risk of getting HIV which coincides with Hogan who was cited by Mohase (2006) who states that there is the ever-present danger of contracting the dreaded sexually transmitted disease, especially AIDS is by far the single most dangerous risk run by sexually active, but naive teenagers. The fact that the teenager had become pregnant shows in itself that she did not protect herself during the sexual action, thus, presenting itself as a possible scenario from which STD can manifest itself. As a result of that there is a higher death rate as teenagers die from AIDS. Some commit suicide because of frustration and some commit abortions or abandon the child after birth.

4.3.7.4. Parents disown their children

As little as 12,5% most of the participants state that teenagers who fall pregnant could find themselves being disowned by their parents. According to Ngidi (2007) girls who fall pregnant may be forced to leave home. Most pregnant girls find themselves isolated

and ostracized by friends, families and the community at large. People, who once loved them, turn their backs on them. To rub salt in the wound, most of their boyfriends dump them, leaving them in the dark to fend for themselves. As a result of all of this, teenagers end up taking their own decisions about their lives. Some of them end up having abortions, which leads to death. Others commit suicide and some decide to throw their children away after they are born.

4.3.7.5. Teenage hardships after pregnancy

Of few as 12% participants agreed with Ngidi (2007) findings that being teenagers who fall pregnant have lots of responsibilities. WHO (2004) continues to say that the young women trying to make their way to adulthood are often forced to leave school and to provide for themselves and their children at a young age. In earlier times a young mother would have had the support of the extended family. This is now becoming less true as grown-up women in the family are increasingly working away from home. Teenagers and their children are likely to suffer social and economic hardship. As fathers are absent, immature young people may have to rear their children on their own in poor economic conditions.

4.3.8. Differences between rural-rural and semi-urban schools

All participants were in Kohlberg's conventional level but in different stages. Learners from semi-urban schools were in stage three and four they emphasized the importance of listening to parents in these stage children see rules as fixed and absolute. Learners from

semi-rural schools were in stage four which is the stage where one is moral by fulfilling the actual duties defining one's social responsibilities and one must obey the law except in extreme cases in which the law comes into conflict with other prescribed social duties.

4.3.8.1. Semi-urban versus semi-rural schools

Learners from semi-rural schools were more concern about teenagers who are becoming pregnant in order to provide for their siblings whereas learners from semi-urban schools stated that parents should talk to them about sex. According to Tshabalala (2002) the Department of Education conducted a survey and some of their findings were that in rural areas, girls in the poorest of the poor families use child grants as a means of supporting extended families.

4.3.8.2. Semi-urban versus semi-rural schools on the use of social grants

Most of the learners from the semi-rural school believe that a social grant is one of the factors that leads to teenage pregnancy, whereas learners from semi-urban schools feel that watching of movies and TV programs which also proves that there are many factors which lead to teenage pregnancy and it depends on the environment and the exposure that one has.

4.3.8.3. Semi-urban versus semi-rural schools on government policies concerning learners who are pregnant.

Most learners from the semi-urban schools did not mention anything about learners constitutional rights to attend schools when they are pregnant whereas learners from semi-rural school blamed the government for giving learners too many rights and they view that as one of the factors that increases the teenage pregnancy.

4.5. Résumé

The chapter has discussed the results of what the participants perceived as factors that contribute to teenage pregnancy and most of them felt that it is not a good thing that teenagers fall pregnant while they are still students and they also suggested solutions to decrease the teenage pregnancy. In the next chapter, conclusions and recommendations of the study will be discussed.

CHAPTER FIVE: SUMMARY AND CONCLUSION

5.1. Introduction

The previous chapter presented and discussed the causes of teenage pregnancy and the suggested solutions from the participants. This chapter deals more with recommendations that need attention, It also gives the limitation of the study and then the conclusion follows.

5.2. Summary of results per aim and objectives

Both participants from semi-rural and semi-urban viewed teenage pregnancy as a problem that is affecting our country and the teenage mothers negatively. Participants were no longer egocentric but sociocentric and they were reasoning in Kohlberg's conventional level but in different stages. Learners from semi-urban school were reasoning in level two and stage three and four of Kohlberg's conventional which means they defined what is right based on what the people close to them expect and the community at large, whereas learners from semi-rural were in stage four of Kohlberg's conventional. Their reasoning defined what is right based only what the community expects from them.

Participants from both schools suggested that teenage pregnancy affects teenagers' future negatively and that abortion services should be closed down. Participants from semi-rural school were more informed about social grants than learners from semi-urban schools. Participants from semi-urban schools believe that television and pornographic movies or blue movies play a major role in the high rate of teenage pregnancy whereas

participants from semi-rural believed that social grants are the major contributor in the teenage pregnancy.

5.3. Recommendations

It is recommended that the government and communities work together in identifying children who are heading homes so that the government can provide them with grants. The government must come up with strategies of helping children who are heading home because if it is the situation that force them to be pregnant that means we are not going to win this battle of curbing HIV/AIDS. It is either they take children for adoptions or build shelters where they are going to place this children them. The government should come up with the strategies of monitoring social grants and so that in would not be one of the factors that contribute to teenage pregnancy. All these issues that have been raised needs social workers who will run these projects, the department of social welfare must sponsor more students to go and study for social work.

As we have read above that TV and movies contribute to teenage pregnancy and the research finding also coincides with that media should have tough laws when it comes to the programs that are broadcast. For example, schedule specific time where they would broadcast movies with sex and that and station that broadcast sexual movies during the day should be punished. Parents should also be engaged in their children's lives, monitor what they watch on TV and the type of movies they hire. Parents should also start talking to their children about sex, HIV, AIDS.

A considerable number of programs have been implemented to curb this high rate of teenagers but teenage pregnancy is still escalating, those programs need to be evaluated and monitored so that their implementation becomes a success. The government should come up with ways of dealing with liquor stores which do not obey the government policies that say that they should not sell liquor, for example children under the age of 18, also find ways of dealing with drug dealers. It is either by giving severe sentences to drug dealers and look for another way that would make school safe. Childrens' rights of children who are pregnant should be reviewed.

5.4. Limitation of the study

Since the research was concerned with teenager perceptions towards pregnancy at different stages of moral reasoning, only teenage girls were interviewed from two different schools. The participants of the study were forty female students between the ages of ten to seventeen from semi-urban and semi-rural schools and because of it; it is difficult to generalize these findings to other communities.

5.5. Conclusion

Finally, the study aimed at finding out how teenagers at different levels of moral development perceive teenage pregnancies as well what solutions could be suggested. From this study we can deduct that the participants were in the different stages of Kohlberg's moral reasoning. Some emphasized the importance of listening to parents and

which explains this stage as the one in which children see rules as fixed and absolute. Obeying the rules is important because it is a means of avoiding punishment. Those who are in the conventional stage they want to please their peers and want to be accepted by them. And if it means sleeping around and doing all the other things that can lead them into falling pregnant they can do it. Others who are in this stage who are heading families they can even fall pregnant in order to provide for their families. We can conclude by saying that children think differently at different stages of and it is important that when we communicate every child in is reached in whatever stage. None of the participants were in the pre-conventional or post-conventional stage.

The conclusion from this study is that there are many factors that contribute to teenage pregnancy and teenagers at different stages perceived it differently depending on the stage of moral reasoning that she is in. Considerable research has been conducted has given the government some suggestions and the government is making attempt to implement various suggestions from this holding of research. Some of these suggestions include the provision of teenager friendly clinics to curb this pandemic. The problem, however, not seem to be with the government but rather with individual teenagers' vision and goals of their future. It would be safely concluded here that Kohlberg's stages of his theory is worth taking into account.

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